

## Admin By View Only - Navy Construction / Facilities Management Invoice

## [-] Document Information

Contract Number Type	Contract Number	Delivery Order	Reference Procurement Identifier	Effective Date	Construction	Fixed Price
DoD Contract (FAR)	N4019215D9010	0003		2015/07/01	N	Y
Invoice Number		Invoice Date	Final Invoice?	Invoice Received Date		
5300047878		2016/08/25	N	2016/08/25		
Discounts						
NET : 30						
Summary of Detail Level Information			Deduction Amount (\$)	Retention Amount (\$)		Total (\$)
1 CLIN/SLIN(s)			0.00	0.00		35,848.00

## [-] Line Item Information

Document Total		Deduction Amount		Retention Amount		Govt Approved Total	
35,848.00		0.00		0.00		35,848.00	
Item No.	PR Number	Qty. Provided	Unit of Measure	UofM Code	Unit Price (\$)	CLIN Amount (\$)	Approved Amount (\$)
0001	ACQR3917470	1	Each	EA	35,848.00	35,848.00	35,848.00
Description					Recommended Deduction Amount (\$)		
Base Period IDIQ 07/01/2015 - 06/30/2016							
Line Total:		Deduction Amount	Retention Amount	ACRN Approved Amount			
		0.00	0.00	35,848.00			
Sub-Line No.		AAA	TFO	SDN		ACRN	
000101		068732	N	N4155715RC022N7		AA	
ACRN Amount		Deduction Amount	Retention Amount	ACRN Approved Amount			
35,848.00				35,848.00			

## [-] LLA Information

LLA Level : ACRN

<b>Item Number</b>	<b>Sub Line</b>	<b>ACRN</b>		
0001	000101	AA		
<b>Document Record Reference ID</b>	<b>Agency Accounting ID</b>	<b>ACRN</b>		
N4155715RC022N7	068732	AA		
<b>Agency Qualifier Code</b>	<b>Defense Agency Allocation Recipient</b>	<b>Cost Code</b>	<b>Department Indicator</b>	
DD				
<b>Job/Work Order Code</b>	<b>Cost Allocation Code</b>	<b>Transfer from Department</b>	<b>Sub-Allotment Recipient</b>	
<b>Classification Code</b>	<b>Fiscal Year Indicator</b>	<b>Work Center Recipient</b>	<b>DoD Budget Accounting Classification Code</b>	
<b>Basic Symbol Number</b>	<b>Major Reimbursement Source Code</b>	<b>Limit/Sub Head</b>	<b>Reimbursement Source Code</b>	
<b>Fund Code</b>	<b>Customer Indicator/MPC</b>	<b>Fund Org Admin Code</b>	<b>Object Class</b>	
<b>IFS Number</b>	<b>Allotment Serial Number</b>	<b>Government Public Sector ID</b>	<b>Transaction Type</b>	
<b>Activity Address Code</b>	<b>Foreign Currency Code</b>	<b>Program/ Planning Code</b>	<b>Program Element Code</b>	
<b>FMS Case Number (1-3)</b>	<b>FMS Case Number (4-5)</b>	<b>FMS Case Number (6-8)</b>	<b>Project Task/Budget Subline</b>	
<b>Special Interest/Program Cost</b>				

## [-] Address Information

<b>Prime Contractor</b>				<b>Administered By</b>	
<b>CAGE Code</b>	<b>DUNS</b>	<b>DUNS + 4</b>	<b>Extension</b>	<b>DoDAAC</b>	
5EHH6	830243197			N40192	
<b>Activity Name 1</b>				<b>Activity Name 1</b>	
WOLF CREEK FEDERAL SERVICES, INC.				NAVFAC ENGINEERING COMMAND MARIANAS	

<b>Activity Name 2</b>  <b>Activity Name 3</b>  <b>Address 1</b> 3800 CENTERPOINT DR STE 1200 <b>Address 2</b>  <b>Address 3</b>  <b>Address 4</b>  <table> <tr> <td><b>City</b></td> <td><b>State</b></td> <td><b>Zip</b></td> </tr> <tr> <td>ANCHORAGE</td> <td>AK</td> <td>99503</td> </tr> <tr> <td><b>Country</b></td> <td colspan="2"><b>Military Location Description</b></td> </tr> <tr> <td>USA</td> <td colspan="2"></td> </tr> </table>	<b>City</b>	<b>State</b>	<b>Zip</b>	ANCHORAGE	AK	99503	<b>Country</b>	<b>Military Location Description</b>		USA			<b>Activity Name 2</b>  <b>Activity Name 3</b>  <b>Address 1</b> BUILDING 100 <b>Address 2</b> NAVBASE GUAM <b>Address 3</b>  <b>Address 4</b> SANTA RITA GUAM <table> <tr> <td><b>City</b></td> <td><b>State</b></td> <td><b>Zip</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Country</b></td> <td colspan="2"><b>Military Location Description</b></td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>	<b>City</b>	<b>State</b>	<b>Zip</b>				<b>Country</b>	<b>Military Location Description</b>				
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<b>Activity Name 1</b> NAVFAC ENGINEERING COMMAND MARIANAS	
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<b>Address 1</b> BUILDING 100	
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<b>City</b>	<b>State</b> <b>Zip</b>
<b>Country</b>	<b>Military Location Description</b>

[\[-\] Misc Information](#)

<b>Initiator</b>			
<b>Name:</b> Mary Carl	<b>Date of Action:</b> 2016/08/23 1711 MDT	<b>Phone #:</b> 907-550-7155	<b>DSN:</b>
<b>Email:</b> mary.carl@chugachgov.com		<b>Title:</b> Job Cost Billing Tech	<b>Action(s):</b> [Saved]
<b>Org Email:</b> wawf@chugach-ak.com			
<b>Attachments:</b>			
<b>Comments:</b>			

<b>Initiator</b>			
<b>Name:</b> Mary Carl	<b>Date of Action:</b> 2016/08/23 1714 MDT	<b>Phone #:</b> 907-550-7155	<b>DSN:</b>
<b>Email:</b> mary.carl@chugachgov.com		<b>Title:</b> Job Cost Billing Tech	<b>Action(s):</b> [Saved]
<b>Org Email:</b> wawf@chugach-ak.com			
<b>Attachments:</b> 5300047878.pdf		<a href="#">View Attachment</a>	
<b>Comments:</b>			

<b>Initiator</b>			
<b>Name:</b> Mary Carl	<b>Date of Action / IRD:</b> 2016/08/25 0825 MDT / 2016/08/25 0825 MDT	<b>Phone #:</b> 907-550-7155	<b>DSN:</b>
<b>Email:</b> mary.carl@chugachgov.com		<b>Title:</b> Job Cost Billing Tech	<b>Action(s):</b> [Submitted, Web, Stand Alone]
<b>Org Email:</b> wawf@chugach-ak.com			
<b>Attachments:</b>			
<b>Comments:</b>			

<b>Name:</b>	<b>Date of Action:</b>	<b>Phone #:</b>	<b>DSN:</b>
Edward Ballesta	2016/08/29 1930 MDT	671-339-3803	
<b>Email:</b>		<b>Title:</b>	<b>Action(s):</b>
edward.ballesta@fe.navy.mil		SPAR	[Inspected]
<b>Org Email:</b>			
M-GU-NAVFAC-WAWF-FSC-GS@fe.navy.mil			
<b>Attachments:</b>			
<b>Comments:</b>			
Work or service has been received, inspected and accepted as conforming to the contract and payment is in accordance with contract provisions. All source documentation provided in support of payment is accurate. Work or service was accepted on 2016/08/08.			

**Acceptor**

<b>Name:</b>	<b>Date of Action:</b>	<b>Phone #:</b>	<b>DSN:</b>
Lee Michael Rosario	2016/09/02 1954 MDT	671 339-5122	
<b>Email:</b>		<b>Title:</b>	<b>Action(s):</b>
lee-michael.rosario@fe.navy.mil		Contract Specialist	[Accepted]
<b>Org Email:</b>			
M-GU-NAVFAC-WAWF-FSC-GS@fe.navy.mil			
<b>Attachments:</b>			
<b>Comments:</b>			
Work or service has been received, inspected and accepted as conforming to the contract and payment is in accordance with contract provisions. All source documentation provided in support of payment is accurate. Work or service was accepted on 2016/08/08.			

**Local Processing Official**

<b>Name:</b>	<b>Date of Action:</b>	<b>Phone #:</b>	<b>DSN:</b>
FELIX BENAVENTE	2016/09/02 2014 MDT	671-333-2594	
<b>Email:</b>		<b>Title:</b>	<b>Action(s):</b>
felix.benavente@fe.navy.mil		Contracting Officer	[Certified, Processed via EDI]
<b>Org Email:</b>			
M-GU-NAVFAC-WAWF-FSC-GS@fe.navy.mil			
<b>Attachments:</b>			
<b>Comments:</b>			
Work or service has been received, inspected and accepted as conforming to the contract and payment is in accordance with contract provisions. All source documentation provided in support of payment is accurate. Work or service was accepted on 2016/08/08.			

**Payment Official**

<b>Name:</b>	<b>Date of Action:</b>	<b>Phone #:</b>	<b>DSN:</b>
	2016/09/02 2247 MDT	1-855-608-3975	
<b>Email:</b>		<b>Title:</b>	<b>Action(s):</b>
			[Processed via EDI]
<b>Org Email:</b>			
DNFWAWF2@DFAS.MIL			
<b>Attachments:</b>			
<b>Comments:</b>			
Document was processed by the entitlement system. FOR PMT ON 160903-ESTPD 161003 AMT CERT \$35848.00 DFAS Customer Service Telephone Number: 1-855-608-3975			

**Payment Official**

<b>Name:</b>	<b>Date of Action:</b>	<b>Phone #:</b>	<b>DSN:</b>
	2016/09/09 1735 MDT		
<b>Email:</b>		<b>Title:</b>	<b>Action(s):</b>
			[Paid]
<b>Org Email:</b>			
DNFWAWF2@DFAS.MIL			
<b>Attachments:</b>			
<b>Comments:</b>			
Paid.			

[\[-\] Workflow Information](#)



☒ Recommend Approval☐ Recommend Reduced Amount☐ Recommend Rejection**Inspection Date**

2016/08/29

**Signature Date**

2016/08/29

Has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents

Edward Ballesta

Signature Of Authorized Government Representative

ACTION BY: N40192 / FSC

**Approved Amount :** \$35,848.00☒ Approve☐ Approval with Deductions☐ Reject to Initiator**Acceptance Date**

2016/09/02

**Signature Date**

2016/09/02

Has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents

Lee Michael Rosario

Signature Of Authorized Government Representative

**ACTION BY: N40192 / FSC**☒ Document Certified☐ Document Rejected**Signature Date**

2016/09/03

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

FELIX BENAVENTE

Signature Of Authorized Government Representative

**ACTION BY: Payment Official**☒ Document Accepted☒ Document Processed☐ Document Rejected☐ Document Suspended☐ Document Available For Recall☐ Document in MyInvoice"☒ Document Paid[Close](#)

## Transmittal/Review/Approval

FILE NAME  
Invoice#002DATE  
October 28, 2016

/T0#03

CONTRACT NO. N40192-15-D-9010-0003	TITLE Fill in Project Title/Location Here Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam		
FROM (CONTRACTOR) WOLF CREEK FEDERAL SERVICES, INC.	TO Roberto DiRamos NAVFAC	SUBMITTAL NO. 02.01	FOR SPEC. SECTION 2.3.8

ENCL. NO.	NO. OF COPIES	DESCRIPTION	SPEC. SEC. PARA./DWG. NO.	SCHEDULE ACTIVITY NO.	CQC CODE
1	1	Invoice#002			

DATE NEEDED BY: November 10, 2016

TRANSMITTED FOR: ☒ APPROVAL☐ CLARIFICATION☐ SELECTION☐ RECORD☐ VARIANCE

It is hereby certified that the material submitted herein conforms to contract requirements and can be installed in the allocated spaces.

CONTRACTOR'S REPRESENTATIVE NAME/TITLE  
James Wyche SQCM

SIGNATURE: James Wyche Jr.

Digitally signed by James Wyche Jr.  
DN: cn=James Wyche Jr., o=Andersen Air Force Base, ou=Contractors,  
email=james.wyche@andersen.af.mil, c=US  
Date: 2016.11.28 12:23:33-12'00'

Received By (Print Name &amp; Sign) /Date/Time:

FROM:	SIGNATURE:	DATE:
TO:	For review/comment ( ) copies of enclosures forwarded. RETURN WITHIN ( ) WORKING DAYS, unless submittal is for record/info purposes only and there are no adverse comments.	

Received By (Print Name &amp; Sign) /Date/Time:

FROM: BOB DIRAMOS	TO: ED BALESTA	DATE: 20 NOV 2016
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## RECOMMEND:

- ☐ APPROVAL/ACCEPTANCE, subject to contract requirements
- ☒ APPROVAL/ACCEPTANCE, as noted, subject to contract requirements
- ☐ RETURN for correction and resubmission

- ☐ DISAPPROVAL
- ☐ REVIEWED AND PROCEED
- ☐ \_\_\_\_\_

## REMARKS:

SIGNATURE DELETED. OMB M-06-15, "SAFEGUARDING PERSONALLY IDENTIFIABLE INFORMATION"

SIGNATURE:

☐ copies of ends retained

Received By (Print Name &amp; Sign) /Date/Time:

FROM:	TO (CONTRACTOR) / ATTENTION:	DATE:
-------	------------------------------	-------

## Enclosure(s) is (are):

- ☐ APPROVED/ACCEPTED, subject to contract requirements
- ☐ APPROVED/ACCEPTED, as noted, subject to contract requirements
- ☐ RETURNED for correction and resubmission

- ☐ DISAPPROVED
- ☐ NOT REVIEWED
- ☐ RECEIVED FOR RECORD

## REMARKS:

File Name:

SIGNATURE

BY DIRECTION OF THE CONTRACTING OFFICER

- ☐ copies of encls returned
- Copy to: Contract File (w/encls)  
ConRep/ET (w/encls)  
CME (w/encls)

Received By (Print Name &amp; Sign) /Date/Time:

Attachments

<b>Transmittal/Review/Approval</b>		FILE NAME <b>Invoice#002</b>		DATE <b>October 28, 2016</b>	
CONTRACT NO <b>N40192-15-D-9010-0003</b>		TITLE Fill in Project Title/Location Here <b>Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam</b>			
FROM (CONTRACTOR) <b>WOLF CREEK FEDERAL SERVICES, INC.</b>		TO <b>Roberto DiRamos NAVFAC</b>		SUBMITTAL NO. <b>02.01</b>	FOR SPEC. SECTION <b>2.3.8</b>

					Add	Del
ENCL. NO.	NO. OF COPIES	DESCRIPTION	SPEC. SEC.PARA./DWG.NO.	SCHEDULE ACTIVITY NO.	CQC CODE	
1	1	Invoice#002				

DATE NEEDED BY: **November 10, 2016**

TRANSMITTED FOR:    ☒ **APPROVAL**                      ☐ **CLARIFICATION**                      ☐ **SELECTION**                      ☐ **RECORD**                      ☐ **VARIANCE**

*It is hereby certified that the material submitted herein conforms to contract requirements and can be installed in the allocated spaces.*

CONTRACTOR'S REPRESENTATIVE NAME/TITLE <b>James Wyche SQCM</b>	SIGNATURE: <b>James Wyche Jr.</b>	<small>Digitally signed by James Wyche Jr., DN: cn=James Wyche Jr., o=, ou=Wolf Creek Federal Services, Inc., email=jm.wyche@dfsgu.mil, c=US Date: 2016.10.28 13:22:15 +1000</small>
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Received By (Print Name & Sign) /Date/Time: \_\_\_\_\_

FROM: _____	SIGNATURE: _____	DATE: _____
TO: _____	<i>For review/comment (    ) copies of enclosures forwarded. RETURN WITHIN (    ) WORKING DAYS, unless submittal is for record/info purposes only and there are no adverse comments.</i>	

Received By (Print Name & Sign) /Date/Time: \_\_\_\_\_

FROM: _____	TO: _____	DATE: _____
-------------	-----------	-------------

RECOMMEND:

☐ **APPROVAL/ACCEPTANCE**, subject to contract requirements  
☐ **APPROVAL/ACCEPTANCE**, as noted, subject to contract requirements  
☐ **RETURN** for correction and resubmission

☐ **DISAPPROVAL**  
☐ **REVIEWED AND PROCEED**  
☐ \_\_\_\_\_

REMARKS:

☐ copies of encls retained

SIGNATURE: \_\_\_\_\_

Received By (Print Name & Sign) /Date/Time: \_\_\_\_\_

FROM: _____	TO (CONTRACTOR) / ATTENTION: _____	DATE: _____
-------------	------------------------------------	-------------

Enclosure(s) is (are):

☐ **APPROVED/ACCEPTED**, subject to contract requirements  
☐ **APPROVED/ACCEPTED**, as noted, subject to contract requirements  
☐ **RETURNED** for correction and resubmission

☐ **DISAPPROVED**  
☐ **NOT REVIEWED**  
☐ **RECEIVED FOR RECORD**

REMARKS:

File Name: \_\_\_\_\_

☐ copies of encls returned

SIGNATURE \_\_\_\_\_  
**BY DIRECTION OF THE CONTRACTING OFFICER**

Copy to: Contract File (w/encls)  
 ConRep/ET (w/encls)  
 CME (w/encls)

Received By (Print Name & Sign) /Date/Time: \_\_\_\_\_



**DEMOLITION SERVICES OF FACILITIES AND  
MISCELLANEOUS STRUCTURES IN VARIOUS  
MILITARY INSTALLATIONS ON GUAM  
WON 1362220, AJJY 14-4002 DEMOLISH 112 UNITS  
AT CAPEHART HOUSING (PHASE II)  
ANDERSEN AIR FORCE BASE, GUAM**

**N40192-15-D-9010-0003**

**CONTRACTOR: WOLF CREEK FEDERAL SERVICES, INC.**

**SUBMITTAL NO. 02.01  
Invoice #002**

I hereby certify that ☐ equipment ☐ material ☒ article shown and marked in this submittal is that proposed to be incorporated with Contract Number N40192-15-D-9010-0003 is in compliance with the contract drawings and specification and can be installed in the allocated space indicated on the drawings.

Reviewed and certified by DOR: \_\_\_\_\_ Date: \_\_\_\_\_

Certified QC Manager:  Date: 10/28/16

SIGNATURE DELETED. OMB M-08-15, "Safeguarding Personal Identity"

## NAVAL FACILITIES ENGINEERING COMMAND

**1. CONTRACTOR'S INVOICE**

From: Wolf Creek Federal Services, Inc.  
3800 Centerpoint Drive, Suite 1200  
Anchorage, AK 99503-5826

Invoice Date: December 12, 2016  
 Invoice Number: 5300049668

POC/Telephone/email for this invoice: John Pisula / (671) 483-5063 / <john.pisula@chugachgov.com>

To: Contract Specialist: Eleanor D. Mantanona / <Eleanor.Mantanona@fe.navy.mil>

**Below is a Statement of Performance under Contract # N40192-15-D-9010 Task Order # 0003**  
**for** Demolish 112 Family Housing Units, AJJY-14-4002, Capehart Housing (Phase II), Andersen Air Force Base, Guam, M.I.

The enclosure provides breakdown of this statement of performance.

A. Total value of contract/task order through change	<u>Mod 01</u>	\$	<u>4,446,154.69</u>
B. Percentage of performance complete	<u>20.51%</u>		
C. Value of completed performance		\$	<u>911,828.76</u>
D. Less total of prior payments		\$	<u>(35,848.00)</u>
E. Amount of this invoice		\$	<u>875,980.76</u>

Signature and Title:  
 Date:

John Pisula, Project Manager John S. Pisula  
 Signature of Authorized Representative

**2. FIRST ENDORSEMENT****Receipt and Acceptance Certification**

From: \_\_\_\_\_  
 To: \_\_\_\_\_

1. Payment is recommended as follows:

A. Amount of work completed to (date)		\$	_____
B. Less:			
Retention	\$	\$	_____
Other Deductions:	\$	\$	_____
C. Subtotal		\$	_____
D. Less previous payments	_____ on TO #	\$	_____
E. Certified amount for payment #	_____		
F. Elapsed cc (if applicable)	_____		
G. Responsible Certifying UIC	_____		
H. Invoice Receipt Date	_____		
I. Material/Services Receipt Date	_____		
J. Material/Services Acceptance Date	_____		
K. Date forwarded to paying office.	_____		
L. I certify this amount is correct and payment is recommended.			

Signature: \_\_\_\_\_  
 Signature of Authorized Representative

Date: \_\_\_\_\_

Name and Title (typed): \_\_\_\_\_  
 Phone and address: \_\_\_\_\_

**3. PROMPT PAYMENT CERTIFICATION**

I certify that the accounting data provided is accurate, funds have been obligated in appropriate accounting system and changes have been applied to the appropriate accounting classification reference number (ACRN), available funds have been decremented for the amount approved for disbursement and will not be de-obligated and the above invoice is correct and proper for payment.

Signature: \_\_\_\_\_  
 Signature of Authorized Representative

Date: \_\_\_\_\_

Name and Title (typed): \_\_\_\_\_  
 Phone and address: \_\_\_\_\_

Line(s) of accounting to be used for this invoice (include appropriate Line Item # (CLIN, SLIN, or ACRN, etc))

\_\_\_\_\_  
 \_\_\_\_\_



Wolf Creek Federal Services, Inc.

Contract No.: N40192-15-D-9010

Back-up Computations for Invoice #002 - Period 07/01/2016 to 10/31/2016 Task Order #0003

Clin No.	Description	10/31/2016	CLIN Value	Earned Value
A00101	Concrete			\$ -
A00201	Up to 6-inch Thick			\$ -
A008	Removal and Disposal of Vinyl Asbestos Tiles (VAT) Including Mastic			\$ 768,994.72
A012	Perform Testing of Suspected Asbestos Materials			\$ 54,010.88
A013	Perform Testing of Suspected Lead Materials			\$ 52,975.16
A015	Spread and Compact 4 inch topsoil			\$ -
A017	Seeding			\$ -
A028	Provide Registered Professional Engineering Services			\$ 35,848.00
A029	Provide Archeological Monitoring during all ground disturbing activities			\$ -
	<b>Total</b>	0.00%	\$ 4,446,154.69	

Total Earned \$ 911,828.76  
% accomplished 20.51%

James Wyche Jr.  
Digitally signed by James Wyche Jr.  
DN: cn=James Wyche Jr., o=Wolf Creek Federal Services, Inc., email=James.Wyche@Chugachgov.com, c=US  
Date: 2016.10.28 12:21:27 +10'00'

James Wyche, QC Manager  
WOLF CREEK FEDERAL SERVICES, INC.

Date

John S. Pisula  
Digitally signed by John S. Pisula  
DN: cn=John S. Pisula, o=Wolf Creek Federal Services, Inc., ou=John S. Pisula, email=John.Pisula@Chugachgov.com, c=US  
Date: 2016.10.28 13:00:09 +10'00'

John Pisula, Project Manager  
WOLF CREEK FEDERAL SERVICES, INC.

Date

Roberto H. Diramos  
PAR

Date

TO#0003 - DEMOLISH 112 FAMILY HOUSING UNITS, AJJY-14-4002, CAPEHART HOUSING (PHASE II), ANDERSEN AIR FORCE BASE, GUAM

PROGRESS BILLING COVERING THE PERIOD JULY 1, 2016- OCTOBER 31, 2016

[illegible]

**Unit Progress Work Sheet For Period 07/01/2016 to 10/31/2016****Percent Accomplished for CLIN No. A00101**

QUANTITY	UNIT	QUANTITY DEMOLISHED	DEMOLISHED (50%)	DISPOSED (40%)	RESTORED (10%)	TOTAL % COMPLETED
2,503,015.20	CF	-	0.00%	0.00%	0.00%	0.00%

**Percent Accomplished for CLIN No. A00201**

QUANTITY	UNIT	QUANTITY DEMOLISHED	DEMOLISHED (50%)	DISPOSED (40%)	RESTORED (10%)	TOTAL % COMPLETED
43,523.08	CF	-	0.00%	0.00%	0.00%	0.00%

**Percent Accomplished for CLIN No. A008**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
329,686.91	SF	247,265.18	75.00%

**Percent Accomplished for CLIN No. A012**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
548.00	EA	548.00	100.00%

**Percent Accomplished for CLIN No. A013**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
548.00	EA	548.00	100.00%

**Percent Accomplished for CLIN No. A015**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
804.27	CY	-	0.00%

**Percent Accomplished for CLIN No. A017**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
46,757.00	SY	-	0.00%

**Percent Accomplished for CLIN No. A028**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
400.00	HRS	400.00	100.00%

**Percent Accomplished for CLIN No. A029**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
1.00	LS	-	0.00%





## Site Safety Assessment

ROICC OFFICE: \_\_\_\_\_ DATE: 31-Oct-16

CONTRACTOR: Wolf Creek Federal Services, Inc.

CONTRACT TITLE (Phase 2) Demolish 112 Units at Capehart Housing AAFB CONTRACT % COMPLETE: 100%

CONTRACTOR SUPERINTENDENT: John Pisula

Verified by: 

CATEGORY:

	(Yes)	(No)	(N/A)	
<b>PREPARATORY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Activity Hazard Analysis performed and used on the site for each definable feature of work?
<b>PHASE (Planning)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) Are weekly safety meetings and indoctrination held on site and documented for all workers?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) Is the submitted safety plan on site and in use?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) Is the Activity Hazard Analysis reviewed during the preparatory inspection?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5) Hazardous materials program in place with MSDS sheets on site and maintained?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) EM 385-1-1 available on the site?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7) Other? Extra Credit?
<b>OFFICE TRAILER</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8) Are office and storage trailers anchored?
<b>GENERAL</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9) Are emergency phone numbers posted?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10) Is a phone available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11) First aid log maintained (contractors must use OSHA Form 300)?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Toilet facilities available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13) Site posted "HARD HAT AREA," "NOISE HAZARD," "CONSTRUCTION AREA," etc., as required?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Garbage cans and dumpsters available?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Jobsite cleaned daily?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Is traffic control around site adequate?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17) Other? Extra Credit?
<b>FIRE PREVENTION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Are fire extinguishers available, fully charged, and easily visible within 75 feet for low hazard areas?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Is fuel stored in proper containers?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Are hot work permits being obtained?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Are fire watches provided?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Are gas cylinders stored upright and secured with chain or rope?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Is Housekeeping acceptable?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Other? Extra Credit?
<b>SCAFFOLD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Are daily scaffold inspections performed by designated competent person?
<b>SAFETY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26) Planks overlapped not less than 6" or more than 12" over end supports with toe boards in place?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Tubing pinned properly and all cross bracing in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) If scaffold height is 4X smallest base dimension, is system secured to structure?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) All guardrails are in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Full work platform at each working level with no cracks/splits?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Safe access provided to each working level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Scaffold and components not overloaded?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Is scaffold system plumb and level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Suspended scaffold systems using independent personal fall arrest system?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Other? Extra Credit?
<b>FALL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Is a full body harness used where required?
<b>PROTECTION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37) Tied off at all times to structural element capable of supporting 5,000 lbs/person?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38) Is protection provided for all personnel working in areas where they could fall 6' or more?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39) Are employees trained for fall protection systems in use?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40) Does the contractor have a certified competent person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41) Have standard guardrails been provided where required?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42) Have horizontal life lines been designed and installed under supervision of a qualified person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43) Other? Extra Credit?
<b>CATEGORY:</b>				
<b>LADDER SAFETY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44) Do ladders extend 3' above landing platform and tied to structure?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45) Are ladders used with hand tools only?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46) Are ladder base distances from structure 1/4 height?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47) Are floor openings either covered or surrounded by a guardrail?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48) Electricians not using portable "conductive" ladders?

			49) Stairways provided on all structures over 20' during construction and supplied with guardrail?	-
			50) Portable step ladders over 20' not used on the site?	-
			51) Are ladders properly used?	-
			52) Other? Extra Credit?	-
<b>EXCAVATIONS</b>				
Comments/Notes:			53) Does excavation over 4' deep have a ladder within 25' and two means of egress?	-
			54) Has proper slope or trench box/shoring been provided?	-
			55) Is water controlled/removed?	-
			56) Is excavated material at least 2' back from trench edge?	-
			57) Is excavation barricaded, etc., to prevent workers and public from falling into trench/hole?	-
			58) In locations of known or suspected contamination, is excavation atmosphere monitored?	-
			59) Does contractor have certified competent person on site?	-
			60) Other? Extra Credit?	-
<b>ELECTRICAL</b>				
Comments/Notes:			61) Are temporary power panels and receptacles protected from weather?	-
			62) Are GFCI's in use for site tools?	-
			63) Are temporary lights rigged and secured to supports properly, and with covers?	-
			64) If overhead power lines are in area, are operations maintaining required distance or isolation?	-
			65) Is lockout/tagout program in effect?	-
			66) Has a sketch of proposed temporary power distribution been submitted/accepted before installing?	-
			67) Other? Extra Credit?	-
			68) Other? Extra Credit?	-
<b>CRANES</b>				
Comments/Notes:			69) Has periodic inspection been performed prior to use on site IAW EM 385-1-1, App. H?	-
			70) Are App. H daily start up inspections performed by operator and submitted with DRI?	-
			71) Is crane operator qualified IAW EM 385-1-1, App. G, and is crane certification posted in cab?	-
			72) Are workers protected from the crane swing radius and prevented from passing under the load?	-
			73) Are rigging cables and slings in good repair free of kinks and cracks?	-
			74) Is the crane level and on firm ground and outriggers in use with appropriate cribbing?	-
			75) Is crane side loading prohibited?	-
			76) Near electric power sources, are rules followed for clearance/isolation in operating zone?	-
			77) Is crane equipped with anti two-block device if required?	-
			78) Other? Extra Credit?	-
<b>CONFINED SPACES</b>				
Comments/Notes:			79) Has entry plan been submitted and accepted?	-
			80) Is atmosphere being monitored?	-
			81) Is space being ventilated?	-
			82) Are entrants, attendants and entry supervisor properly trained?	-
			83) Is rescue/retrieval system in place?	-
			84) Are daily entry permits posted at point of entry and signed by entry supervisor?	-
			85) Is point of entry posted "DANGER CONFINED SPACE"?	-
			86) Has blanking or locking out of systems taken place?	-
			87) Other? Extra Credit?	-
<b>ROOFING</b>				
Comments/Notes:			88) Are kettles at least 25 feet away from buildings?	-
			89) Has an employee fall protection system been implemented and in proper use?	-
			90) Are skylights and roof penetrations covered or barricaded appropriately?	-
			91) Has the roof been evaluated for its ability to support the intended construction loads?	-
			92) Has the roof been surveyed for deterioration?	-
			93) Are two fire extinguishers at the kettle?	-
			94) Fuel cylinder a minimum of 10' from open flame?	-
			95) Other? Extra Credit?	-
			96) Other? Extra Credit?	-

**CATEGORY:**

**EQUIPMENT**

Comments/Notes:

			97) Are forklift operators qualified through training at the site (certificate included in Safety Plan)?	-
			98) Does mobile equipment have rollover cages and backup alarms, with moving parts adequately guarded?	-
			99) Are equipment operations maintaining safe clearance from electrical power lines?	-
			100) Do modifications meet safety rating per manufacturer (i.e., lifting personnel with forklift)?	-
			101) Are safety lashings provided for high pressure hose connections, i.e., air compressors?	-
			102) Are workers clear of blind spots associated with mobile construction equipment?	-
			103) Do aerial lifts have basket/platform with guardrail?	-
			104) Are workers not extending over guardrail of aerial lifts?	-
			105) Are articulating boom platforms (JLG type) used with Full Body Harness attached to boom or basket?	-
			106) Other? Extra Credit?	-
			107) Other? Extra Credit?	-

**DEMOLITION**

Comments/Notes:

			108) Has demolition plan been submitted and accepted?	-
			109) If waste is being dropped > 6' is it in an enclosed chute and is area secured from traffic?	-
			113) For building demolition, has notification been made to State having jurisdiction?	-
			114) Are nails removed from scrap lumber/materials?	-
			115) Other? Extra Credit?	-
			116) Other? Extra Credit?	-

**PPE**

Comments/Notes:

			117) Workers wearing leather shoes (not tennis), long pants, sleeved shirts, and steel toes where required?	-
			118) Are hard hats being worn?	-
			119) Are safety glasses where appropriate?	-
			120) Hearing protection where appropriate? (if you need to yell to converse)	-
			121) Respirators where appropriate?	-
			122) Impalement protection provided where personnel could work above vertical impalement?	-
			123) Is lighting adequate?	-
			124) Other? Extra Credit?	-

**ABATEMENT**

Comments/Notes:

			125) Has abatement plan been submitted and accepted?	-
			126) Is independent air monitoring being performed as required inside and outside barriers?	-
			127) Is containment in place without integrity compromise?	-
			128) Are employees utilizing appropriate PPE?	-
			129) If negative air is used, are fans used continuously and monitored for pressure differential?	-
			130) Has baseline been performed and necessary final clearance readings taken?	-
			131) Are inspections by independent PQP performed prior to barrier removal?	-
			132) Is waste material properly containerized and stored?	-
			133) Are air monitoring results provided to ROICC? will submit as required by contract	-
			134) Are waste shipment records provided to ROICC? will submit as required by contract	-
			135) Other? Extra Credit?	-

**WATERFRONT****ACTIVITIES**

Comments/Notes:

			136) Are employees wearing appropriate flotation devices (PFDs)?	-
			137) Is a rescue skiff available?	-
			138) Are emergency life rings available?	-
			139) If diving operations are taking place, has a dive plan been submitted and accepted?	-
			140) Does dive team consist of proper number and qualifications for employees?	-
			141) Other? Extra Credit?	-

**SCORING:** Total applicable for each category = X (where X includes responses for category of "Yes" and "No" but does not include N/A)

Total with "Yes" responses for each category = Y

**SCORE FOR EACH CATEGORY:****SCORE RATE EQUATION = Y / X**

1 PREPARATORY PHASE: 100%	6 LADDER SAFETY: 100%	11 ROOFING: N/A
2 OFFICE TRAILER GENERAL: 100%	7 EXCAVATIONS: N/A	12 EQUIPMENT: N/A
3 FIRE PREVENTION: 100%	8 ELECTRICAL: 100%	13 DEMOLITION: 100%
4 SCAFFOLD SAFETY: N/A	9 CRANES: N/A	14 PPE: 100%
5 FALL PROTECTION: 100%	10 CONFINED SPACES: N/A	15 ABATEMENT: 100%
		16 WATERFRONT: N/A

OVERALL RATING = AVERAGE RATING FOR ALL CATEGORIES:

100%

Contractor's Site Safety Assessment conducted by: Roberto Diramos

## MONTHLY DISPOSAL REPORT

CONTRACT NO: N40192-15-D-9010-0003	TITLE AND LOCATION: Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam	DATE: Monday, October 31, 2016
CONTRACTOR: Wolk Creek Federal Services Inc		QCM: Gennady Belyshev
Location where debris is being disposed of		If debris is being reused, where:
At end of ACM removal, ACM will be disposed of (off island) RABANCO Regional Landfill 500 Roosevelt Grade Road Roosevelt, WA 99356		N/A
Type of material being disposed of and quantity:		
		Quantity:
ACM (asbestos containing material) floor tile, 6 mil bags		1000

QCM:

GENNADY BELYSHEV

SIGNATURE DELETED. OMB M-08-15. "Safeguarding Personally Identifiable Information"



Guam Construction/Demolition Office

**Monthly Contractor Exposure Report**

Project Title: Demolish 112 Units

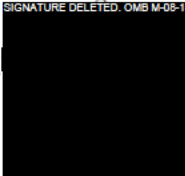
Contract Number: N40192-15-D-9010-0003

Location: Capehart Housing (Phase II) Andersen Air Force Base, Guam

Total Man-hour for period of: October 11 to October 31

Total Man-hours: 2,451

**Total as of October 31, 2016 = 2,451**

**Submitted by:** Gennady Belyshev 10/31/2016  
QC/Supintendent  Date



## Transmittal/Review/Approval

FILE NAME  
Invoice#002DATE  
October 28, 2016

/T0#03

CONTRACT NO N40192-15-D-9010-0003	TITLE Fill in Project Title/Location Here Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam		
FROM (CONTRACTOR) WOLF CREEK FEDERAL SERVICES, INC.	TO Roberto DiRamos NAVFAC	SUBMITTAL NO. 02.01	FOR SPEC. SECTION 2.3.8

ENCL. NO.	NO. OF COPIES	DESCRIPTION	SPEC. SEC.PARA./DWG.NO.	SCHEDULE ACTIVITY NO.	CQC CODE
1	1	Invoice#002			

DATE NEEDED BY: November 10, 2016

TRANSMITTED FOR: ☒ APPROVAL ☐ CLARIFICATION ☐ SELECTION ☐ RECORD ☐ VARIANCE

It is hereby certified that the material submitted herein conforms to contract requirements and can be installed in the allocated spaces.

CONTRACTOR'S REPRESENTATIVE NAME/TITLE  
James Wyche SQCM

SIGNATURE: James Wyche Jr.

Digitally signed by James Wyche Jr.  
DN: cn=James Wyche Jr., o=Andersen Air Force Base, ou=USAF, email=james.wyche@usaf.af.mil, c=US  
Date: 2016.11.08 12:13:33-12'00'

Received By (Print Name &amp; Sign) /Date/Time:

FROM:	SIGNATURE:	DATE:
TO:	For review/comment ( ) copies of enclosures forwarded. RETURN WITHIN ( ) WORKING DAYS, unless submittal is for record/info purposes only and there are no adverse comments.	

Received By (Print Name &amp; Sign) /Date/Time:

FROM: BOB DIRAMOS	TO: ED BALESTA	DATE: 20 NOV 2016
-------------------	----------------	-------------------

## RECOMMEND:

- ☐ APPROVAL/ACCEPTANCE, subject to contract requirements  
☒ APPROVAL/ACCEPTANCE, as noted, subject to contract requirements  
☐ RETURN for correction and resubmission

- ☐ DISAPPROVAL  
☐ REVIEWED AND PROCEED  
☐

## REMARKS:

SIGNATURE DELETED. OMB M-08-15. "Safeguarding Personally Identifiable Information."

SIGNATURE:

☐ copies of ends retained

Received By (Print Name &amp; Sign) /Date/Time:

FROM:	TO (CONTRACTOR) / ATTENTION:	DATE:
-------	------------------------------	-------

## Enclosure(s) is (are):

- ☐ APPROVED/ACCEPTED, subject to contract requirements  
☐ APPROVED/ACCEPTED, as noted, subject to contract requirements  
☐ RETURNED for correction and resubmission

- ☐ DISAPPROVED  
☐ NOT REVIEWED  
☐ RECEIVED FOR RECORD

## REMARKS:

File Name:

SIGNATURE

BY DIRECTION OF THE CONTRACTING OFFICER

☐ copies of encls returned  
Copy to: Contract File (w/encls)  
ConRep/ET (w/encls)  
CME (w/encls)

Received By (Print Name &amp; Sign) /Date/Time:

Transmittal/Review/Approval			FILE NAME Invoice#002		DATE October 28, 2016	
CONTRACT NO N40192-15-D-9010-0003			TITLE Fill in Project Title/Location Here Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam			
FROM (CONTRACTOR) WOLF CREEK FEDERAL SERVICES, INC.			TO Roberto DiRamos NAVFAC		SUBMITTAL NO. 02.01	
					FOR SPEC. SECTION 2.3.8	
					<div>Add</div> <div>Del</div>	
ENCL. NO.	NO. OF COPIES	DESCRIPTION	SPEC. SEC.PARA./DWG.NO.	SCHEDULE ACTIVITY NO.	CQC CODE	
1	1	Invoice#002				
DATE NEEDED BY: November 10, 2016						
TRANSMITTED FOR: <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> CLARIFICATION <input type="checkbox"/> SELECTION <input type="checkbox"/> RECORD <input type="checkbox"/> VARIANCE						
It is hereby certified that the material submitted herein conforms to contract requirements and can be installed in the allocated spaces.			CONTRACTOR'S REPRESENTATIVE NAME/TITLE James Wyche SQCM		SIGNATURE: James Wyche Jr. <small>Digitally signed by James Wyche Jr. DN: cn=James Wyche Jr., o=Wolf Creek Federal Services, Inc., email=james.wyche@chugachgs.com, c=US Date: 2014.10.28 13:22:15 +1000</small>	
Received By (Print Name & Sign) /Date/Time: _____						
FROM: _____			SIGNATURE: _____		DATE: _____	
TO: _____			For review/comment ( ) copies of enclosures forwarded. RETURN WITHIN ( ) WORKING DAYS, unless submittal is for record/info purposes only and there are no adverse comments.			
Received By (Print Name & Sign) /Date/Time: _____						
FROM: _____			TO: _____		DATE: _____	
RECOMMEND:						
<input type="checkbox"/> APPROVAL/ACCEPTANCE, subject to contract requirements			<input type="checkbox"/> DISAPPROVAL			
<input type="checkbox"/> APPROVAL/ACCEPTANCE, as noted, subject to contract requirements			<input type="checkbox"/> REVIEWED AND PROCEED			
<input type="checkbox"/> RETURN for correction and resubmission			<input type="checkbox"/> _____			
REMARKS:						
<div><input type="checkbox"/> copies of encls retained</div> <div>SIGNATURE: _____</div> <div>Received By (Print Name &amp; Sign) /Date/Time: _____</div>						
FROM: _____			TO (CONTRACTOR) / ATTENTION: _____		DATE: _____	
Enclosure(s) is (are):						
<input type="checkbox"/> APPROVED/ACCEPTED, subject to contract requirements			<input type="checkbox"/> DISAPPROVED			
<input type="checkbox"/> APPROVED/ACCEPTED, as noted, subject to contract requirements			<input type="checkbox"/> NOT REVIEWED			
<input type="checkbox"/> RETURNED for correction and resubmission			<input type="checkbox"/> RECEIVED FOR RECORD			
REMARKS:						
File Name: _____						
<div><input type="checkbox"/> copies of encls returned</div> <div>SIGNATURE: _____</div> <div>BY DIRECTION OF THE CONTRACTING OFFICER</div>						
Copy to: Contract File (w/encls) ConRep/ET (w/encls) CME (w/encls)						
Received By (Print Name & Sign) /Date/Time: _____						



**DEMOLITION SERVICES OF FACILITIES AND  
MISCELLANEOUS STRUCTURES IN VARIOUS  
MILITARY INSTALLATIONS ON GUAM  
WON 1362220, AJJY 14-4002 DEMOLISH 112 UNITS  
AT CAPEHART HOUSING (PHASE II)  
ANDERSEN AIR FORCE BASE, GUAM**

**N40192-15-D-9010-0003**

**CONTRACTOR: WOLF CREEK FEDERAL SERVICES, INC.**

**SUBMITTAL NO. 02.01  
Invoice #002**

I hereby certify that ☐ equipment ☐ material ☒ article shown and marked in this submittal is that proposed to be incorporated with Contract Number N40192-15-D-9010-0003 is in compliance with the contract drawings and specification and can be installed in the allocated space indicated on the drawings.

Reviewed and certified by DOR: \_\_\_\_\_ Date: \_\_\_\_\_

Certified QC Manager: SIGNATURE DELETED. OMB M-08-15, "Safeguarding Personal Information" \_\_\_\_\_ Date: 10/28/16



## NAVAL FACILITIES ENGINEERING COMMAND

**1. CONTRACTOR'S INVOICE**

From: Wolf Creek Federal Services, Inc.  
3800 Centerpoint Drive, Suite 1200  
Anchorage, AK 99503-5826

Invoice Date: December 12, 2016  
 Invoice Number: 5300049668

POC/Telephone/email for this invoice: John Pisula / (671) 483-5063 / <john.pisula@chugachgov.com>

To: Contract Specialist: Eleanor D. Mantanona / <Eleanor.Mantanona@fe.navy.mil>

**Below is a Statement of Performance under Contract # N40192-15-D-9010 Task Order # 0003**  
**for** Demolish 112 Family Housing Units, AJJY-14-4002, Capehart Housing (Phase II), Andersen Air Force Base, Guam, M.I.

The enclosure provides breakdown of this statement of performance.

A. Total value of contract/task order through change	Mod 01	\$	4,446,154.69
B. Percentage of performance complete	20.51%		
C. Value of completed performance		\$	911,828.76
D. Less total of prior payments		\$	(35,848.00)
E. Amount of this invoice		\$	875,980.76

Signature and Title:  
 Date:

John Pisula, Project Manager John S. Pisula  
 Signature of Authorized Representative

**2. FIRST ENDORSEMENT****Receipt and Acceptance Certification**

From: \_\_\_\_\_  
 To: \_\_\_\_\_

1. Payment is recommended as follows:

A. Amount of work completed to (date)		\$	_____
B. Less:			
Retention	\$	\$	_____
Other Deductions:	\$	\$	_____
C. Subtotal		\$	_____
D. Less previous payments	_____ on TO #	\$	_____
E. Certified amount for payment #	_____		
F. Elapsed cc (if applicable)	_____		
G. Responsible Certifying UIC	_____		
H. Invoice Receipt Date	_____		
I. Material/Services Receipt Date	_____		
J. Material/Services Acceptance Date	_____		
K. Date forwarded to paying office.	_____		
L. I certify this amount is correct and payment is recommended.			

Signature: \_\_\_\_\_  
 Signature of Authorized Representative

Date: \_\_\_\_\_

Name and Title (typed): \_\_\_\_\_  
 Phone and address: \_\_\_\_\_

**3. PROMPT PAYMENT CERTIFICATION**

I certify that the accounting data provided is accurate, funds have been obligated in appropriate accounting system and changes have been applied to the appropriate accounting classification reference number (ACRN), available funds have been decremented for the amount approved for disbursement and will not be de-obligated and the above invoice is correct and proper for payment.

Signature: \_\_\_\_\_  
 Signature of Authorized Representative

Date: \_\_\_\_\_

Name and Title (typed): \_\_\_\_\_  
 Phone and address: \_\_\_\_\_

Line(s) of accounting to be used for this invoice (include appropriate Line Item # (CLIN, SLIN, or ACRN, etc))

\_\_\_\_\_  
 \_\_\_\_\_

Wolf Creek Federal Services, Inc.

Contract No.: N40192-15-D-9010

Back-up Computations for Invoice #002 - Period 07/01/2016 to 10/31/2016 Task Order #0003

Clin No.	Description	10/31/2016	CLIN Value	Earned Value
A00101	Concrete			-
A00201	Up to 6-inch Thick			-
A008	Removal and Disposal of Vinyl Asbestos Tiles (VAT) Including Mastic			768,994.72
A012	Perform Testing of Suspected Asbestos Materials			54,010.88
A013	Perform Testing of Suspected Lead Materials			52,975.16
A015	Spread and Compact 4 inch topsoil			-
A017	Seeding			-
A028	Provide Registered Professional Engineering Services			35,848.00
A029	Provide Archeological Monitoring during all ground disturbing activities			-
Total		0.00%	\$ 4,446,154.69	

Total Earned \$ 911,828.76  
% accomplished 20.51%

James Wyche Jr.  
Digitally signed by James Wyche Jr.  
DN: cn=James Wyche Jr., o=Wolf Creek Federal Services, Inc., email=James.wyche@chugachgov.com, c=US  
Date: 2016.10.28 12:21:27 +10'00'

James Wyche, QC Manager  
WOLF CREEK FEDERAL SERVICES, INC.

Date

John S. Pisula  
Digitally signed by John S. Pisula  
DN: cn=John S. Pisula, o=Wolf Creek Federal Services, Inc., email=John.S.Pisula@chugachgov.com, c=US  
Date: 2016.10.28 13:29:06 +10'00'

John Pisula, Project Manager  
WOLF CREEK FEDERAL SERVICES, INC.

Date

Roberto H. Diramos  
PAR

Date

TO#0003 - DEMOLISH 112 FAMILY HOUSING UNITS, AJJY-14-4002, CAPEHART HOUSING (PHASE II), ANDERSEN AIR FORCE BASE, GUAM

PROGRESS BILLING COVERING THE PERIOD JULY 1, 2016- OCTOBER 31, 2016

[illegible]

**Unit Progress Work Sheet For Period 07/01/2016 to 10/31/2016****Percent Accomplished for CLIN No. A00101**

QUANTITY	UNIT	QUANTITY DEMOLISHED	DEMOLISHED (50%)	DISPOSED (40%)	RESTORED (10%)	TOTAL % COMPLETED
2,503,015.20	CF	-	0.00%	0.00%	0.00%	0.00%

**Percent Accomplished for CLIN No. A00201**

QUANTITY	UNIT	QUANTITY DEMOLISHED	DEMOLISHED (50%)	DISPOSED (40%)	RESTORED (10%)	TOTAL % COMPLETED
43,523.08	CF	-	0.00%	0.00%	0.00%	0.00%

**Percent Accomplished for CLIN No. A008**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
329,686.91	SF	247,265.18	75.00%

**Percent Accomplished for CLIN No. A012**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
548.00	EA	548.00	100.00%

**Percent Accomplished for CLIN No. A013**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
548.00	EA	548.00	100.00%

**Percent Accomplished for CLIN No. A015**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
804.27	CY	-	0.00%

**Percent Accomplished for CLIN No. A017**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
46,757.00	SY	-	0.00%

**Percent Accomplished for CLIN No. A028**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
400.00	HRS	400.00	100.00%

**Percent Accomplished for CLIN No. A029**

QUANTITY	UNIT	QUANTITY PERFORMED	TOTAL % COMPLETED
1.00	LS	-	0.00%



## Site Safety Assessment

ROICC OFFICE: \_\_\_\_\_ DATE: 31-Oct-16

CONTRACTOR: Wolf Creek Federal Services, Inc.

CONTRACT TITLE (Phase 2) Demolish 112 Units at Capehart Housing AAFB CONTRACT % COMPLETE: 100%

CONTRACTOR SUPERINTENDENT: John Pisula

SIGNATURE DELETED, OMB M-08-15, "Safeguarding Personally ID"

Verified by: \_\_\_\_\_

CATEGORY: \_\_\_\_\_

	(Yes)	(No)	(N/A)	
<b>PREPARATORY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Activity Hazard Analysis performed and used on the site for each definable feature of work?
<b>PHASE (Planning)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) Are weekly safety meetings and indoctrination held on site and documented for all workers?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) Is the submitted safety plan on site and in use?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) Is the Activity Hazard Analysis reviewed during the preparatory inspection?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5) Hazardous materials program in place with MSDS sheets on site and maintained?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) EM 385-1-1 available on the site?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7) Other? Extra Credit?
<b>OFFICE TRAILER</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8) Are office and storage trailers anchored?
<b>GENERAL</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9) Are emergency phone numbers posted?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10) Is a phone available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11) First aid log maintained (contractors must use OSHA Form 300)?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Toilet facilities available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13) Site posted "HARD HAT AREA," "NOISE HAZARD," "CONSTRUCTION AREA," etc., as required?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Garbage cans and dumpsters available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Jobsite cleaned daily?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Is traffic control around site adequate?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17) Other? Extra Credit?
<b>FIRE PREVENTION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Are fire extinguishers available, fully charged, and easily visible within 75 feet for low hazard areas?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Is fuel stored in proper containers?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Are hot work permits being obtained?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Are fire watches provided?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Are gas cylinders stored upright and secured with chain or rope?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Is Housekeeping acceptable?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Other? Extra Credit?
<b>SCAFFOLD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Are daily scaffold inspections performed by designated competent person?
<b>SAFETY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26) Planks overlapped not less than 6" or more than 12" over end supports with toe boards in place?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Tubing pinned properly and all cross bracing in place?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) If scaffold height is 4X smallest base dimension, is system secured to structure?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) All guardrails are in place?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Full work platform at each working level with no cracks/splits?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Safe access provided to each working level?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Scaffold and components not overloaded?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Is scaffold system plumb and level?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Suspended scaffold systems using independent personal fall arrest system?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Other? Extra Credit?
<b>FALL</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Is a full body harness used where required?
<b>PROTECTION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37) Tied off at all times to structural element capable of supporting 5,000 lbs/person?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38) Is protection provided for all personnel working in areas where they could fall 6' or more?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39) Are employees trained for fall protection systems in use?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40) Does the contractor have a certified competent person?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41) Have standard guardrails been provided where required?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42) Have horizontal life lines been designed and installed under supervision of a qualified person?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43) Other? Extra Credit?
<b>CATEGORY:</b>				
<b>LADDER SAFETY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44) Do ladders extend 3' above landing platform and tied to structure?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45) Are ladders used with hand tools only?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46) Are ladder base distances from structure 1/4 height?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47) Are floor openings either covered or surrounded by a guardrail?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48) Electricians not using portable "conductive" ladders?

		49) Stairways provided on all structures over 20' during construction and supplied with guardrail?	Y
		50) Portable step ladders over 20' not used on the site?	Y
		51) Are ladders properly used?	Y
		52) Other? Extra Credit?	Y
<b>EXCAVATIONS</b>			
Comments/Notes:		53) Does excavation over 4' deep have a ladder within 25' and two means of egress?	Y
		54) Has proper slope or trench box/shoring been provided?	Y
		55) Is water controlled/removed?	Y
		56) Is excavated material at least 2' back from trench edge?	Y
		57) Is excavation barricaded, etc., to prevent workers and public from falling into trench/hole?	Y
		58) In locations of known or suspected contamination, is excavation atmosphere monitored?	Y
		59) Does contractor have certified competent person on site?	Y
		60) Other? Extra Credit?	Y
<b>ELECTRICAL</b>			
Comments/Notes:		61) Are temporary power panels and receptacles protected from weather?	Y
		62) Are GFCI's in use for site tools?	Y
		63) Are temporary lights rigged and secured to supports properly, and with covers?	Y
		64) If overhead power lines are in area, are operations maintaining required distance or isolation?	Y
		65) Is lockout/tagout program in effect?	Y
		66) Has a sketch of proposed temporary power distribution been submitted/accepted before installing?	Y
		67) Other? Extra Credit?	Y
		68) Other? Extra Credit?	Y
<b>CRANES</b>			
Comments/Notes:		69) Has periodic inspection been performed prior to use on site IAW EM 385-1-1, App. H?	Y
		70) Are App. H daily start up inspections performed by operator and submitted with DRI?	Y
		71) Is crane operator qualified IAW EM 385-1-1, App. G, and is crane certification posted in cab?	Y
		72) Are workers protected from the crane swing radius and prevented from passing under the load?	Y
		73) Are rigging cables and slings in good repair free of kinks and cracks?	Y
		74) Is the crane level and on firm ground and outriggers in use with appropriate cribbing?	Y
		75) Is crane side loading prohibited?	Y
		76) Near electric power sources, are rules followed for clearance/isolation in operating zone?	Y
		77) Is crane equipped with anti two-block device if required?	Y
		78) Other? Extra Credit?	Y
<b>CONFINED SPACES</b>			
Comments/Notes:		79) Has entry plan been submitted and accepted?	Y
		80) Is atmosphere being monitored?	Y
		81) Is space being ventilated?	Y
		82) Are entrants, attendants and entry supervisor properly trained?	Y
		83) Is rescue/retrieval system in place?	Y
		84) Are daily entry permits posted at point of entry and signed by entry supervisor?	Y
		85) Is point of entry posted "DANGER CONFINED SPACE"?	Y
		86) Has blanking or locking out of systems taken place?	Y
		87) Other? Extra Credit?	Y
<b>ROOFING</b>			
Comments/Notes:		88) Are kettles at least 25 feet away from buildings?	Y
		89) Has an employee fall protection system been implemented and in proper use?	Y
		90) Are skylights and roof penetrations covered or barricaded appropriately?	Y
		91) Has the roof been evaluated for its ability to support the intended construction loads?	Y
		92) Has the roof been surveyed for deterioration?	Y
		93) Are two fire extinguishers at the kettle?	Y
		94) Fuel cylinder a minimum of 10' from open flame?	Y
		95) Other? Extra Credit?	Y
		96) Other? Extra Credit?	Y

**CATEGORY:**

**EQUIPMENT**

Comments/Notes:

		97) Are forklift operators qualified through training at the site (certificate included in Safety Plan)?	Y
		98) Does mobile equipment have rollover cages and backup alarms, with moving parts adequately guarded?	Y
		99) Are equipment operations maintaining safe clearance from electrical power lines?	Y
		100) Do modifications meet safety rating per manufacturer (i.e., lifting personnel with forklift)?	Y
		101) Are safety lashings provided for high pressure hose connections, i.e., air compressors?	Y
		102) Are workers clear of blind spots associated with mobile construction equipment?	Y
		103) Do aerial lifts have basket/platform with guardrail?	Y
		104) Are workers not extending over guardrail of aerial lifts?	Y
		105) Are articulating boom platforms (JLG type) used with Full Body Harness attached to boom or basket?	Y
		106) Other? Extra Credit?	Y
		107) Other? Extra Credit?	Y

**DEMOLITION**

Comments/Notes:

		108) Has demolition plan been submitted and accepted?	Y
		109) If waste is being dropped > 6' is it in an enclosed chute and is area secured from traffic?	Y
		113) For building demolition, has notification been made to State having jurisdiction?	Y
		114) Are nails removed from scrap lumber/materials?	Y
		115) Other? Extra Credit?	Y
		116) Other? Extra Credit?	Y



**PPE**

Comments/Notes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117) Workers wearing leather shoes (not tennis), long pants, sleeved shirts, and steel toes where required?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118) Are hard hats being worn?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119) Are safety glasses where appropriate?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120) Hearing protection where appropriate? (if you need to yell to converse)	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121) Respirators where appropriate?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122) Impalement protection provided where personnel could work above vertical impalement?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123) Is lighting adequate?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124) Other? Extra Credit?	-

**ABATEMENT**

Comments/Notes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125) Has abatement plan been submitted and accepted?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126) Is independent air monitoring being performed as required inside and outside barriers?	-
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127) Is containment in place without integrity compromise?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128) Are employees utilizing appropriate PPE?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	129) If negative air is used, are fans used continuously and monitored for pressure differential?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	130) Has baseline been performed and necessary final clearance readings taken?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	131) Are inspections by independent PQP performed prior to barrier removal?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132) Is waste material properly containerized and stored?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	133) Are air monitoring results provided to ROICC? will submit as required by contract	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	134) Are waste shipment records provided to ROICC? will submit as required by contract	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	135) Other? Extra Credit?	-

**WATERFRONT****ACTIVITIES**

Comments/Notes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	136) Are employees wearing appropriate flotation devices (PFDs)?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	137) Is a rescue skiff available?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	138) Are emergency life rings available?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	139) If diving operations are taking place, has a dive plan been submitted and accepted?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	140) Does dive team consist of proper number and qualifications for employees?	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	141) Other? Extra Credit?	-

**SCORING:** Total applicable for each category = X (where X includes responses for category of "Yes" and "No" but does not include N/A)

Total with "Yes" responses for each category = Y

**SCORE FOR EACH CATEGORY:****SCORE RATE EQUATION = Y / X**

1 PREPARATORY PHASE: 100%	6 LADDER SAFETY: 100%	11 ROOFING: N/A
2 OFFICE TRAILER GENERAL: 100%	7 EXCAVATIONS: N/A	12 EQUIPMENT: N/A
3 FIRE PREVENTION: 100%	8 ELECTRICAL: 100%	13 DEMOLITION: 100%
4 SCAFFOLD SAFETY: N/A	9 CRANES: N/A	14 PPE: 100%
5 FALL PROTECTION: 100%	10 CONFINED SPACES: N/A	15 ABATEMENT: 100%
		16 WATERFRONT: N/A

OVERALL RATING = AVERAGE RATING FOR ALL CATEGORIES: 100%

Contractor's Site Safety Assessment conducted by: Roberto Diramos

## MONTHLY DISPOSAL REPORT

CONTRACT NO: N40192-15-D-9010-0003	TITLE AND LOCATION: Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam	DATE: Monday, October 31, 2016
CONTRACTOR: Wolk Creek Federal Services Inc		QCM: Gennady Belyshev
Location where debris is being disposed of At end of ACM removal, ACM will be disposed of (off island) RABANCO Regional Landfill 500 Roosevelt Grade Road Roosevelt, WA 99356		If debris is being reused, where: N/A
Type of material being disposed of and quantity:		
		Quantity:
ACM (asbestos containing material) floor tile, 6 mil bags		1000

QCM:

GENNADY BELYSHEV

SIGNATURE DELETED, OMB NO. 0715-0188, "Safeguarding Personal Identity"





Guam Construction/Demolition Office

**Monthly Contractor Exposure Report**

Project Title: Demolish 112 Units

Contract Number: N40192-15-D-9010-0003

Location: Capehart Housing (Phase II) Andersen Air Force Base, Guam

Total Man-hour for period of: October 11 to October 31

Total Man-hours: 2,451

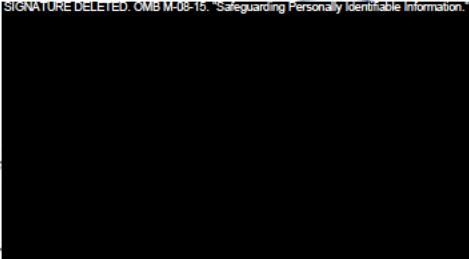
**Total as of October 31, 2016 = 2,451**

**Submitted by:** Gennady Belyshev  
QC/Superintendent

SIGNATURE DELETED. OMB M-0

10/31/2016

Date

Transmittal/Review/Approval		FILE NAME Estimate for Voucher-Invoice #04		DATE January 4, 2017	
CONTRACT NO. N40192-15-D-9010-0003		TITLE Fill in Project Title/Location Here Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam			
FROM (CONTRACTOR) WOLF CREEK FEDERAL SERVICES INC.		TO Robert Diramos NAVFAC		SUBMITTAL NO. 02.04	FOR SPEC. SECTION 2.15.1.2
ENCL. NO.	NO. OF COPIES	DESCRIPTION	SPEC. SEC.PARA./DWG NO.	SCHEDULE ACTIVITY NO.	CQC CODE
1	1	Estimate for Voucher-Invoice #04	2.15.1.2		
DATE NEEDED BY: January 11, 2017					
TRANSMITTED FOR: <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> CLARIFICATION <input type="checkbox"/> SELECTION <input type="checkbox"/> RECORD <input type="checkbox"/> VARIANCE					
It is hereby certified that the material submitted herein conforms to contract requirements and can be installed in the allocated spaces.		CONTRACTOR'S REPRESENTATIVE NAME/TITLE Gennady Belyshev QCM		SIGNATURE: Gennady Belyshev <small>Digitally signed by Gennady Belyshev Date: 2017.01.04 12:23:49 +10'00'</small>	
Received By (Print Name & Sign) /Date/Time: _____					
FROM:		SIGNATURE:		DATE:	
TO:		For review/comment ( ) copies of enclosures forwarded. RETURN WITHIN ( ) WORKING DAYS, unless submittal is for record/info purposes only and there are no adverse comments.			
Received By (Print Name & Sign) /Date/Time: _____					
FROM: BOB DIRAMOS		TO: RD BALEITA		DATE: 12 JAN 2017	
RECOMMEND:					
<input type="checkbox"/> APPROVAL/ACCEPTANCE, subject to contract requirements			<input type="checkbox"/> DISAPPROVAL		
<input checked="" type="checkbox"/> APPROVAL/ACCEPTANCE, as noted, subject to contract requirements			<input type="checkbox"/> REVIEWED AND PROCEED		
<input type="checkbox"/> RETURN for correction and resubmission			<input type="checkbox"/> _____		
REMARKS:  PLS. SEE NOTES					
<input type="checkbox"/> copies of encls retained			SIGNATURE: 		
Received By (Print Name & Sign) /Date/Time: _____					
FROM:		TO (CONTRACTOR) / ATTENTION:		DATE:	
Enclosure(s) is (are):					
<input type="checkbox"/> APPROVED/ACCEPTED, subject to contract requirements			<input type="checkbox"/> DISAPPROVED		
<input type="checkbox"/> APPROVED/ACCEPTED, as noted, subject to contract requirements			<input type="checkbox"/> NOT REVIEWED		
<input type="checkbox"/> RETURNED for correction and resubmission			<input type="checkbox"/> RECEIVED FOR RECORD		
REMARKS:					
File Name:					
<input type="checkbox"/> copies of encls returned			SIGNATURE: _____		
Copy to: Contract File (w/encls) ConRep/ET (w/encls) CME (w/encls)			BY DIRECTION OF THE CONTRACTING OFFICER		
Received By (Print Name & Sign) /Date/Time: _____					



**DEMOLITION SERVICES OF FACILITIES AND  
MISCELLANEOUS STRUCTURES IN VARIOUS MILITARY  
INSTALLATIONS ON GUAM  
WON 1362220, AJJY-14-4002 DEMOLISH 112 UNITS AT  
CAPEHART HOUSING (PHASE II)  
ANDERSEN AIR FORCE BASE, GUAM**

**N40192-15-D-9010-0003**

**CONTRACTOR: WOLF CREEK FEDERAL SERVICES**

**SUBMITTAL NO. 2.4  
Estimate for Voucher  
Invoice #04**

I hereby certify that ☐ equipment ☐ material ☒ article shown and marked in this submittal is that proposed to be incorporated with Contract Number N40192-15-D-9010-0003 is in compliance with the contract drawings and specification and can be installed in the allocated space indicated on the drawings.

Reviewed and certified by DOR: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE DELETED. OMB M-08-15. "Safeguarding Personally Identif

Certified QC Manager: \_\_\_\_\_ Date: 1/04/17

## NAVAL FACILITIES ENGINEERING COMMAND

## 1. CONTRACTOR'S INVOICE

From: Wolf Creek Federal Services, Inc.  
3800 Centerpoint Drive, Suite 1200  
Anchorage, AK 99503-5826

Invoice Date: 12 JAN 2017 January 16, 2017  
 Invoice Number: #08 5300050230

POC/Telephone/email for this invoice: John Pisula / (671) 483-5063 / <john.pisula@chugachgov.com>

To: Contract Specialist: Eleanor D. Mantanona / <Eleanor.Mantanona@fe.navy.mil>

Below is a Statement of Performance under Contract # N40192-15-D-9010 Task Order # 0003  
 for Demolish 112 Family Housing Units, AJJY-14-4002, Capehart Housing (Phase II), Andersen Air Force Base, Guam, M.I.

The enclosure provides breakdown of this statement of performance.

A. Total value of contract/task order through change	MOD-02	\$	4,446,154.69
B. Percentage of performance complete	31.47 %		
C. Value of completed performance		\$	1,398,986.11
D. Less total of prior payments		\$	(1,086,134.23)
E. Amount of this invoice		\$	312,851.88

Signature and Title:  
 Date:

John Pisula, Project Manager John S. Pisula  
 Signature of Authorized Representative

## 2. FIRST ENDORSEMENT

## Receipt and Acceptance Certification

From: \_\_\_\_\_  
 To: \_\_\_\_\_

## 1. Payment is recommended as follows:

A. Amount of work completed to (date)		\$	_____
B. Less:			
Retention	\$	\$	_____
Other Deductions:	\$	\$	_____
C. Subtotal		\$	_____
D. Less previous payments	_____ on TO #	\$	_____
E. Certified amount for payment #	_____		
F. Elapsed cc (if applicable)	_____		
G. Responsible Certifying UIC	_____		
H. Invoice Receipt Date	_____		
I. Material/Services Receipt Date	_____		
J. Material/Services Acceptance Date	_____		
K. Date forwarded to paying office.	_____		
L. I certify this amount is correct and payment is recommended.			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Authorized Representative

Name and Title (typed): \_\_\_\_\_

Phone and address: \_\_\_\_\_

## 3. PROMPT PAYMENT CERTIFICATION

I certify that the accounting data provided is accurate, funds have been obligated in appropriate accounting system and changes have been applied to the appropriate accounting classification reference number (ACRN), available funds have been decremented for the amount approved for disbursement and will not be de-obligated and the above invoice is correct and proper for payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Authorized Representative

Name and Title (typed): \_\_\_\_\_

Phone and address: \_\_\_\_\_

Line(s) of accounting to be used for this invoice (include appropriate Line Item # (CLIN, SLIN, or ACRN, etc)

\_\_\_\_\_  
 \_\_\_\_\_

Wolf Creek Federal Services, Inc.

Contract No.: N40192-15-D-9010

Back-up Computations for Invoice-04 - Period 12/01/2016 to 12/31/2016 Task Order #0003

Clin No.	Description	6/30/2016	CLIN Value	Earned Value
A00101	Concrete			\$ 309,673.04
A00201	Up to 6-inch Throck			\$ 3,178.84
A008	Removal and Disposal of Vinyl Asbestos Tiles (VAT) Including Mastic			\$ 943,300.19
A012	Perform Testing of Suspected Asbestos Materials			\$ 54,010.88
A013	Perform Testing of Suspected Lead Materials			\$ 52,975.16
A015	Spread and Compact 4 inch topsoil			\$ -
A017	Seeding			\$ -
A028	Provide Registered Professional Engineering Services			\$ 35,848.00
A029	Provide Archeological Monitoring during all ground disturbing activities			\$ -
	Total		\$ 4,446,154.69	

Gennady Belyshev Belyshev

Total Earned \$ 1,398,986.11  
% accomplished 31.47%

Geenady Belyshev, Site QC Manager  
WOLF CREEK FEDERAL SERVICES, INC.

Date: 2017.01.04 12:41:54 +10'00'

Date

John S. Pisula

Digitally signed by John S. Pisula  
DN: cn=John S. Pisula, o=Wolf Creek Federal Services, Inc. ou=Dr 5,  
email=jpisula@wcfed.com, c=US  
Date: 2017.01.04 13:33:43 -10'00'

John Pisula, Project Manager  
WOLF CREEK FEDERAL SERVICES, INC.

Date

SIGNATURE DELETED. OMB M-08-15. "Safeguarding Personally Identifiable Information."

Roberto DiRamos / Melicio Paisoa  
PAR

Date

Contract: 12 JAN 2017

SIGNATURE DELETED. OMB M-08-15. "Safeguarding Personally Identifiable Information."

12% Annual Rate  
312,857.98



TOH0003 - DEMOLISH 112 FAMILY HOUSING UNITS, AJJY-14-4002, CAPEHART HOUSING (PHASE II), ANDERSEN AIR FORCE BASE, GUAM  
PROGRESS BILLING COVERING THE PERIOD DECEMBER 1, 2016 - DECEMBER 31, 2016

[illegible]

## Unit Progress Work Sheet For Period 12/01/2016 to 12/31/2016

## Percent Accomplished for CLIN No. A00101

qty	unit	qty removed	remove 50%	dispose 40%	backfill/soil 10%	total % accomplished
2,503,015.20	CF	257,958.96	128,979.48	103,183.58	25,795.90	10.31%

## Percent Accomplished for CLIN No. A00201

qty	unit	qty removed	remove 50%	dispose 40%	backfill/soil 10%	total % accomplished
43,523.08	CY	612.00	306.00	244.80	61.20	1.41%

## Percent Accomplished for CLIN No. A008

qty	unit	qty performed	total % accomplished
329,686.91	SF	303,312.00	92.00%

## Percent Accomplished for CLIN No. A012

qty	unit	qty performed	total % accomplished
548.00	EA	548.00	100.00%

## Percent Accomplished for CLIN No. A013

qty	unit	qty performed	total % accomplished
548.00	EA	548.00	100.00%

## Percent Accomplished for CLIN No. A015

qty	unit	qty performed	total % accomplished
804.27	CY	-	0.00%

## Percent Accomplished for CLIN No. A017

qty	unit	qty performed	total % accomplished
46,757.00	SY	-	0.00%

## Percent Accomplished for CLIN No. A028

qty	unit	qty performed	total % accomplished
0.00	Hrs	-	100.00%

## Percent Accomplished for CLIN No. A029

qty	unit	qty removed	total % accomplished
0.00	Hrs	-	0.00%



## CONTRACTOR SITE SAFETY ASSESSMENT

ROICC OFFICE: NAVFAC Marianas FEAD DATE: 28-Dec-16

CONTRACTOR: Wolf Creek Federal Services Inc.

CONTRACT TITLE: Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam

CONTRACTOR SSHO: E. Kurt Wusstig

SIGNATURE DELETED, OMB M-08-15, "SS"

### CATEGORY

	(Yes)	(No)	(N/A)	
<b>PREPARATORY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Activity Hazard Analysis performed and used on the site for each definable feature of work?
<b>PHASE (Planning)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) Are weekly safety meetings and indoctrination held on site and documented for all workers?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) Is the submitted safety plan on site and in use?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) Is the Activity Hazard Analysis reviewed during the preparatory inspection?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5) Hazardous materials program in place with MSDS sheets on site and maintained?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) EM 385-1-1 available on the site?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7) Other? Extra Credit?
<b>OFFICE TRAILER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8) Are office and storage trailers anchored?
<b>GENERAL</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9) Are emergency phone numbers posted?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10) Is a phone available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11) First aid log maintained (contractors must use OSHA Form 300)?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Toilet facilities available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13) Site posted "HARD HAT AREA," "NOISE HAZARD," "CONSTRUCTION AREA," etc., as required?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Garbage cans and dumpsters available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Jobsite cleaned daily?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Is traffic control around site adequate?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17) Other? Extra Credit?
<b>FIRE PREVENTION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Are fire extinguishers available, fully charged, and easily visible within 75 feet for low hazard areas?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Is fuel stored in proper containers?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Are hot work permits being obtained?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Are fire watches provided?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Are gas cylinders stored upright and secured with chain or rope?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Is Housekeeping acceptable?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24) Other? Extra Credit?
<b>SCAFFOLD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25) Are daily scaffold inspections performed by designated competent person?
<b>SAFETY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26) Planks overlapped not less than 6" or more than 12" over end supports with toe boards in place?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27) Tubing pinned properly and all cross bracing in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28) If scaffold height is 4X smallest base dimension, is system secured to structure?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29) All guardrails are in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30) Full work platform at each working level with no cracks/splits?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31) Safe access provided to each working level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32) Scaffold and components not overloaded?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33) Is scaffold system plumb and level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34) Suspended scaffold systems using independent personal fall arrest system?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	35) Other? Extra Credit?
<b>FALL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	36) Is a full body harness used where required?
<b>PROTECTION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	37) Tied off at all times to structural element capable of supporting 5,000 lbs/person?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	38) Is protection provided for all personnel working in areas where they could fall 6' or more?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	39) Are employees trained for fall protection systems in use?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	40) Does the contractor have a certified competent person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	41) Have standard guardrails been provided where required?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	42) Have horizontal life lines been designed and installed under supervision of a qualified person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	43) Other? Extra Credit?

### CATEGORY

<b>LADDER SAFETY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44) Do ladders extend 3' above landing platform and tied to structure?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45) Are ladders used with hand tools only?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46) Are ladder base distances from structure 1/4 height?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47) Are floor openings either covered or surrounded by a guardrail?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	48) Electricians not using portable "conductive" ladders?





## CONTRACTOR SITE SAFETY ASSESSMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	49) Stairways provided on all structures over 20' during construction and supplied with guardrail?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50) Portable step ladders over 20' not used on the site?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51) Are ladders properly used?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	52) Other? Extra Credit?	
<b>EXCAVATIONS</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	53) Does excavation over 4' deep have a ladder within 25' and two means of egress?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	54) Has proper slope or trench box/shoring been provided?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	55) Is water controlled/removed?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	56) Is excavated material at least 2' back from trench edge?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	57) Is excavation barricaded, etc., to prevent workers and public from falling into trench/hole?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	58) In locations of known or suspected contamination, is excavation atmosphere monitored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	59) Does contractor have certified competent person on site?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60) Other? Extra Credit?	
<b>ELECTRICAL</b>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61) Are temporary power panels and receptacles protected from weather?	
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	62) Are GFCI's in use for site tools?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	63) Are temporary lights rigged and secured to supports properly, and with covers?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	64) If overhead power lines are in area, are operations maintaining required distance or isolation?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65) Is lockout/tagout program in effect?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	66) Has a sketch of proposed temporary power distribution been submitted/accepted before installing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	67) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68) Other? Extra Credit?	
<b>CRANES</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	69) Has periodic inspection been performed prior to use on site IAW EM 385-1-1, App. H?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70) Are App. H daily start up inspections performed by operator and submitted with DRI?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	71) Is crane operator qualified IAW EM 385-1-1, App. G, and is crane certification posted in cab?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72) Are workers protected from the crane swing radius and prevented from passing under the load?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	73) Are rigging cables and slings in good repair free of kinks and cracks?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	74) Is the crane level and on firm ground and outriggers in use with appropriate cribbing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75) Is crane side loading prohibited?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	76) Near electric power sources, are rules followed for clearance/isolation in operating zone?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	77) Is crane equipped with anti two-block device if required?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	78) Other? Extra Credit?	
<b>CONFINED SPACES</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	79) Has entry plan been submitted and accepted?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80) Is atmosphere being monitored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	81) Is space being ventilated?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	82) Are entrants, attendants and entry supervisor properly trained?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	83) Is rescue/retrieval system in place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84) Are daily entry permits posted at point of entry and signed by entry supervisor?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85) Is point of entry posted "DANGER CONFINED SPACE"?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	86) Has blanking or locking out of systems taken place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	87) Other? Extra Credit?	
<b>ROOFING</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	88) Are kettles at least 25 feet away from buildings?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	89) Has an employee fall protection system been implemented and in proper use?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90) Are skylights and roof penetrations covered or barricaded appropriately?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	91) Has the roof been evaluated for its ability to support the intended construction loads?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	92) Has the roof been surveyed for deterioration?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93) Are two fire extinguishers at the kettle?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	94) Fuel cylinder a minimum of 10' from open flame?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96) Other? Extra Credit?	

### CATEGORY:

#### EQUIPMENT

Comments/Notes:

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97) Are forklift operators qualified through training at the site (certificate included in Safety Plan)?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98) Does mobile equipment have rollover cages and backup alarms, with moving parts adequately guarded?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99) Are equipment operations maintaining safe clearance from electrical power lines?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100) Do modifications meet safety rating per manufacturer (i.e., lifting personnel with forklift)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	101) Are safety lashings provided for high pressure hose connections, i.e., air compressors?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102) Are workers clear of blind spots associated with mobile construction equipment?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	103) Do aerial lifts have basket/platform with guardrail?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	104) Are workers not extending over guardrail of aerial lifts?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	105) Are articulating boom platforms (JLG type) used with Full Body Harness attached to boom or basket?	



## CONTRACTOR SITE SAFETY ASSESSMENT

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	106) Other? Extra Credit?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	107) Other? Extra Credit?	
<b>DEMOLITION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108) Has demolition plan been submitted and accepted?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	109) If waste is being dropped > 6' is it in an enclosed chute and is area secured from traffic?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113) For building demolition, has notification been made to State having jurisdiction?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	114) Are nails removed from scrap lumber/materials?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	115) Other? Extra Credit?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	116) Other? Extra Credit?	
<b>PPE</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117) Workers wearing leather shoes (not tennis), long pants, sleeved shirts, and steel toes where required?	
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118) Are hard hats being worn?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119) Are safety glasses where appropriate?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120) Hearing protection where appropriate? (if you need to yell to converse)	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121) Respirators where appropriate?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122) Impalement protection provided where personnel could work above vertical impalement?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123) Is lighting adequate?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	124) Other? Extra Credit?	
<b>ABATEMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	125) Has abatement plan been submitted and accepted?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	126) Is independent air monitoring being performed as required inside and outside barriers?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	127) Is containment in place without integrity compromise?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	128) Are employees utilizing appropriate PPE?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	129) If negative air is used, are fans used continuously and monitored for pressure differential?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	130) Has baseline been performed and necessary final clearance readings taken?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	131) Are inspections by independent POP performed prior to barrier removal?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	132) Is waste material properly containerized and stored?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	133) Are air monitoring results provided to ROICC?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	134) Are waste shipment records provided to ROICC?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	135) Other? Extra Credit?	
<b>WATERFRONT ACTIVITIES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	136) Are employees wearing appropriate flotation devices (PFDs)?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	137) Is a rescue skiff available?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	138) Are emergency life rings available?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	139) If diving operations are taking place, has a dive plan been submitted and accepted?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	140) Does dive team consist of proper number and qualifications for employees?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	141) Other? Extra Credit?	

**SCORING:** Total applicable for each category = X (where X includes responses for category of "Yes" and "No" but does not include N/A)

Total with "Yes" responses for each category = Y

**SCORE FOR EACH CATEGORY:**

SCORE RATE EQUATION = Y / X

1 PREPARATORY PHASE: 100%	6 LADDER SAFETY: 100%	11 ROOFING: N/A
2 OFFICE TRAILER GENERAL: 100%	7 EXCAVATIONS: N/A	12 EQUIPMENT: N/A
3 FIRE PREVENTION: 100%	8 ELECTRICAL: 100%	13 DEMOLITION: 100%
4 SCAFFOLD SAFETY: N/A	9 CRANES: N/A	14 PPE: 100%
5 FALL PROTECTION: N/A	10 CONFINED SPACES: N/A	15 ABATEMENT: 100%
		16 WATERFRONT ACTIVITIES: N/A

OVERALL RATING = AVERAGE RATING FOR ALL CATEGORIES:

100%

## MONTHLY DISPOSAL REPORT

CONTRACT NO: N40192-15-D-9010-0003	TITLE AND LOCATION: Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base Guam	DATE: Wednesday, December 28, 2016
CONTRACTOR: Wolk Creek Federal Services Inc		QCM: Gennady Belyshev
Location where debris is being disposed of		If debris is being reused, where:
At end of ACM removal, ACM will be disposed of (off island) RABANCO Regional Landfill 500 Roosevelt Grade Road Roosevelt, WA 99356. Global recycling. Smithbridge Yigo, Guam hardfill		N/A
Type of material being disposed of and quantity:		
.		Quantity:
concrete/drywall/glass/flooring/carpet/wood doors and casework. 87 loads of 16 cubic yards		1392 cubic yards

QCM:

GENNADY BELYSHEV

Digitally signed by  
Gennady Belyshev  
Date: 2016.12.28  
15:01:32 +10'00'



Guam Construction/Demolition Office

### Monthly Contractor Exposure Report

Project Title: Demolish 112 Units

Contract Number: N40192-15-D-9010-0003

Location: Capehart Housing (Phase II) Andersen Air Force Base, Guam

Total Man-hour for period of: October 11 to October 31: 2,451

Total Man-hour for period of: November 1 to November 27: 2,051

Total Man-hour for period of: November 28 to December 27: 1,431

**Total as of December 27, 2016 =** **5,933**

**Sumbitted by:** Gennady Belyshev 12/28/2016

QC/Superintendent

Date

Gennady  
Belyshev

Digitally signed by Gennady  
Belyshev  
Date: 2016.12.28 15:04:21  
+10'00'

<b>Transmittal/Review/Approval</b>		FILE NAME <b>Estimate for Voucher-Invoice #05</b>		DATE <b>February 3, 2017</b>	
CONTRACT NO <b>N40192-15-D-9010-0003</b>		TITLE Fill in Project Title/Location Here <b>Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam</b>			
FROM (CONTRACTOR) <b>WOLF CREEK FEDERAL SERVICES INC.</b>		TO <b>Robert Diramos NAVFAC</b>		SUBMITTAL NO. <b>02.05</b>	FOR SPEC. SECTION <b>2.15.1.2</b>

ENCL. NO.	NO. OF COPIES	DESCRIPTION	SPEC. SEC.PARA./DWG.NO.	SCHEDULE ACTIVITY NO.	CQC CODE
1	1	<b>Estimate for Voucher-Invoice #05</b>	2.15.1.2		

DATE NEEDED BY: **February 10, 2017**

TRANSMITTED FOR: ☒ **APPROVAL**    ☐ **CLARIFICATION**    ☐ **SELECTION**    ☐ **RECORD**    ☐ **VARIANCE**

*It is hereby certified that the material submitted herein conforms to contract requirements and can be installed in the allocated spaces.*

CONTRACTOR'S REPRESENTATIVE NAME/TITLE <b>Gennady Belyshev QCM</b>	SIGNATURE: <b>Gennady Belyshev</b> <small>Digitally signed by Gennady Belyshev Date: 2017.02.03 13:15:50 +10'00'</small>
---	---

Received By (Print Name & Sign) /Date/Time: \_\_\_\_\_

FROM:	SIGNATURE:	DATE:
TO: <b>For review/comment ( ) copies of enclosures forwarded. RETURN WITHIN ( ) WORKING DAYS, unless submittal is for record/info purposes only and there are no adverse comments.</b>		
Received By (Print Name & Sign) /Date/Time: _____		

FROM: <b>BOB DIRAMOS</b>	TO: <b>ED BELYSEV</b>	DATE: <b>10 FEB 2017</b>
--------------------------	-----------------------	--------------------------

RECOMMEND:

☐ APPROVAL/ACCEPTANCE, subject to contract requirements  
☒ **APPROVAL/ACCEPTANCE, as noted, subject to contract requirements**  
☐ RETURN for correction and resubmission

☐ DISAPPROVAL  
☐ REVIEWED AND PROCEED  
☐ \_\_\_\_\_

REMARKS:

**HPS. SEE NOTES**

☐ copies of encls retained

SIGNATURE:

Received By (Print Name & Sign) /Date/Time: \_\_\_\_\_

FROM:	TO (CONTRACTOR) / ATTENTION:	DATE:

Enclosure(s) is (are):

☐ APPROVED/ACCEPTED, subject to contract requirements  
☐ APPROVED/ACCEPTED, as noted, subject to contract requirements  
☐ RETURNED for correction and resubmission

☐ DISAPPROVED  
☐ NOT REVIEWED  
☐ RECEIVED FOR RECORD

REMARKS:

File Name:

☐ copies of encls returned  
 Copy to: Contract File (w/encls)  
 ConRep/ET (w/encls)  
 CME (w/encls)

SIGNATURE: \_\_\_\_\_  
 BY DIRECTION OF THE CONTRACTING OFFICER

Received By (Print Name & Sign) /Date/Time: \_\_\_\_\_



**DEMOLITION SERVICES OF FACILITIES AND  
MISCELLANEOUS STRUCTURES IN VARIOUS MILITARY  
INSTALLATIONS ON GUAM  
WON 1362220, AJJY-14-4002 DEMOLISH 112 UNITS AT  
CAPEHART HOUSING (PHASE II)  
ANDERSEN AIR FORCE BASE, GUAM**

**N40192-15-D-9010-0003**

**CONTRACTOR: WOLF CREEK FEDERAL SERVICES, INC.**

**SUBMITTAL NO. 2.5  
Estimate for Voucher  
Invoice #05**

I hereby certify that ☐ equipment ☐ material ☒ article shown and marked in this submittal is that proposed to be incorporated with Contract Number N40192-15-D-9010-0003 is in compliance with the contract drawings and specification and can be installed in the allocated space indicated on the drawings.

Reviewed and certified by DOR: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE DELETED. OMB M-00-15, "Safety"

Certified QC Manager: \_\_\_\_\_ Date: 2/03/17



## NAVAL FACILITIES ENGINEERING COMMAND

## 1. CONTRACTOR'S INVOICE

From: Wolf Creek Federal Services, Inc.  
3800 Centerpoint Drive, Suite 1200  
Anchorage, AK 99503-5826

Invoice Date: 10 FEB 2017 February 17, 2017  
 Invoice Number: #05 5300050713

POC/Telephone/email for this invoice: John Pisula / (671) 483-5063 / <john.pisula@chugachgov.com>

To: Contract Specialist: Eleanor D. Mantanona / <Eleanor.Mantanona@fe.navy.mil>

Below is a Statement of Performance under Contract # N40192-15-D-9010 Task Order # 0003  
 for Demolish 112 Family Housing Units, AJJY-14-4002, Capehart Housing (Phase II), Andersen Air Force Base, Guam, M.I.

The enclosure provides breakdown of this statement of performance.

A. Total value of contract/task order through change	MOD-02	\$	4,446,154.69
B. Percentage of performance complete	41.10 %		
C. Value of completed performance		\$	1,827,323.00
D. Less total of prior payments		\$	(1,398,986.11)
E. Amount of this invoice		\$	428,336.89

Signature and Title:  
 Date:

John Pisula, Project Manager John S. Pisula  
 Signature of Authorized Representative

## 2. FIRST ENDORSEMENT

## Receipt and Acceptance Certification

From: \_\_\_\_\_  
 To: \_\_\_\_\_

## 1. Payment is recommended as follows:

A. Amount of work completed to (date)		\$	_____
B. Less:			
Retention	\$	\$	_____
Other Deductions:	\$	\$	_____
C. Subtotal		\$	_____
D. Less previous payments	on TO #	\$	_____
E. Certified amount for payment #	_____		
F. Elapsed cc (if applicable)	_____		
G. Responsible Certifying UIC	_____		
H. Invoice Receipt Date	_____		
I. Material/Services Receipt Date	_____		
J. Material/Services Acceptance Date	_____		
K. Date forwarded to paying office.	_____		
L. I certify this amount is correct and payment is recommended.			

Signature: \_\_\_\_\_  
 Signature of Authorized Representative

Date: \_\_\_\_\_

Name and Title (typed): \_\_\_\_\_

Phone and address: \_\_\_\_\_

## 3. PROMPT PAYMENT CERTIFICATION

I certify that the accounting data provided is accurate, funds have been obligated in appropriate accounting system and changes have been applied to the appropriate accounting classification reference number (ACRN), available funds have been decremented for the amount approved for disbursement and will not be de-obligated and the above invoice is correct and proper for payment.

Signature: \_\_\_\_\_  
 Signature of Authorized Representative

Date: \_\_\_\_\_

Name and Title (typed): \_\_\_\_\_

Phone and address: \_\_\_\_\_

Line(s) of accounting to be used for this invoice (include appropriate Line Item # (CLIN, SLIN, or ACRN, etc)

\_\_\_\_\_

Wolf Creek Federal Services, Inc.

Contract No.: N40192-15-D-9010

Back-up Computations for Invoice-05 - Period 01/01/2017 to 01/31/2017 Task Order #0003

<u>Clin No.</u>	<u>Description</u>	<u>6/30/2016</u>	<u>CLIN Value</u>	<u>Earned Value</u>
A00101	Concrete			\$ 683,022.79
A00201	Up to 6-inch Thick			\$ 58,165.99
A008	Removal and Disposal of Vinyl Asbestos Tiles (VAT) Including Mastic			\$ 943,300.19
A012	Perform Testing of Suspected Asbestos Materials			\$ 54,010.88
A013	Perform Testing of Suspected Lead Materials			\$ 52,975.16
A015	Spread and Compact 4 inch topsoil			\$ -
A017	Seeding			\$ -
A028	Provide Registered Professional Engineering Services			\$ 35,848.00
A029	Provide Archeological Monitoring during all ground disturbing activities			\$ -
	<b>Total</b>	0.00%	\$ 4,446,154.69	

Gennady Belyshev  
Digitally signed by Gennady Belyshev  
Date: 2017.02.03 13:19:13 +10'00'

Gennady Belyshev, Site QC Manager  
WOLF CREEK FEDERAL SERVICES, INC.

Digitally signed by John S. Pisula  
DN: cn=John S. Pisula, o=Wolf Creek Federal Services, Inc., ou=Div 5,  
email=john.pisula@chgoth.com, c=US  
Date: 2017.02.03 14:00:20 +10'00'

John S. Pisula

John Pisula, Project Manager  
WOLF CREEK FEDERAL SERVICES, INC.

SIGNATURE DELETED. OMB M-02-16 "Safeguarding Personally Identifiable Information"

Roberto DiRamos / Melicio Paterson  
PAR

10 FEB 2017  
Date

Consent: 10 FEB 2017

SIGNATURE DELETED. OMB M-02-16 "Safeguarding Personally Identifiable Information"

Total Earned \$ 1,827,323.00  
% accomplished 41.40%

ACTUAL WORK  
\$ 428,334.89

PROGRESS BILLING COVERING THE PERIOD JANUARY 1, 2017 - JANUARY 31, 2017

(4) (b)

## Unit Progress Work Sheet For Period 01/01/2017 to 01/31/2017

## Percent Accomplished for CLIN No. A00101

qty	unit	qty removed	remove 50%	dispose 40%	backfill/soil 10%	total % accomplished
2,503,015.20	CF	569,262.30	284,631.15	227,704.92	56,926.23	22.74%

## Percent Accomplished for CLIN No. A00201

qty	unit	qty removed	remove 50%	dispose 40%	backfill/soil 10%	total % accomplished
43,523.08	CY	11,228.72	5,614.36	4,491.49	1,122.87	25.80%

## Percent Accomplished for CLIN No. A008

qty	unit	qty performed	total % accomplished
329,686.91	SF	303,312.00	92.00%

## Percent Accomplished for CLIN No. A012

qty	unit	qty performed	total % accomplished
548.00	EA	548.00	100.00%

## Percent Accomplished for CLIN No. A013

qty	unit	qty performed	total % accomplished
548.00	EA	548.00	100.00%

## Percent Accomplished for CLIN No. A015

qty	unit	qty performed	total % accomplished
804.27	CY	-	0.00%

## Percent Accomplished for CLIN No. A017

qty	unit	qty performed	total % accomplished
46,757.00	SY	-	0.00%

## Percent Accomplished for CLIN No. A028

qty	unit	qty performed	total % accomplished
0.00	Hrs	-	100.00%

## Percent Accomplished for CLIN No. A029

qty	unit	qty removed	total % accomplished
0.00	Hrs	-	0.00%



## CONTRACTOR SITE SAFETY ASSESSMENT

ROICC OFFICE: NAVFAC Marianas FEAD DATE: 30-Jan-17

CONTRACTOR: Wolf Creek Federal Services Inc.

CONTRACT TITLE: Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam

CONTRACTOR SSHO: E. Kurt Wusstig

SIGNATURE DELETED. OMB M-36-15

CATEGORY:

	(Yes)	(No)	(N/A)	
<b>PREPARATORY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Activity Hazard Analysis performed and used on the site for each definable feature of work?
<b>PHASE (Planning)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) Are weekly safety meetings and indoctrination held on site and documented for all workers?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) Is the submitted safety plan on site and in use?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) Is the Activity Hazard Analysis reviewed during the preparatory inspection?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5) Hazardous materials program in place with MSDS sheets on site and maintained?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) EM 385-1-1 available on the site?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7) Other? Extra Credit?
<b>OFFICE TRAILER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8) Are office and storage trailers anchored?
<b>GENERAL</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9) Are emergency phone numbers posted?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10) Is a phone available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11) First aid log maintained (contractors must use OSHA Form 300)?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Toilet facilities available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13) Site posted "HARD HAT AREA," "NOISE HAZARD," "CONSTRUCTION AREA," etc., as required?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Garbage cans and dumpsters available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Jobsite cleaned daily?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Is traffic control around site adequate?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17) Other? Extra Credit?
<b>FIRE PREVENTION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Are fire extinguishers available, fully charged, and easily visible within 75 feet for low hazard areas?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Is fuel stored in proper containers?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Are hot work permits being obtained?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Are fire watches provided?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Are gas cylinders stored upright and secured with chain or rope?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Is Housekeeping acceptable?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24) Other? Extra Credit?
<b>SCAFFOLD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25) Are daily scaffold inspections performed by designated competent person?
<b>SAFETY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26) Planks overlapped not less than 6" or more than 12" over end supports with toe boards in place?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27) Tubing pinned properly and all cross bracing in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28) If scaffold height is 4X smallest base dimension, is system secured to structure?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29) All guardrails are in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30) Full work platform at each working level with no cracks/splits?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31) Safe access provided to each working level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32) Scaffold and components not overloaded?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33) Is scaffold system plumb and level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34) Suspended scaffold systems using independent personal fall arrest system?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	35) Other? Extra Credit?
<b>FALL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	36) Is a full body harness used where required?
<b>PROTECTION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	37) Tied off at all times to structural element capable of supporting 5,000 lbs/person?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	38) Is protection provided for all personnel working in areas where they could fall 6' or more?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	39) Are employees trained for fall protection systems in use?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	40) Does the contractor have a certified competent person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	41) Have standard guardrails been provided where required?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	42) Have horizontal life lines been designed and installed under supervision of a qualified person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	43) Other? Extra Credit?

CATEGORY:

<b>LADDER SAFETY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44) Do ladders extend 3' above landing platform and tied to structure?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45) Are ladders used with hand tools only?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46) Are ladder base distances from structure 1/4 height?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47) Are floor openings either covered or surrounded by a guardrail?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	48) Electricians not using portable "conductive" ladders?



## CONTRACTOR SITE SAFETY ASSESSMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	49) Stairways provided on all structures over 20' during construction and supplied with guardrail?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50) Portable step ladders over 20' not used on the site?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51) Are ladders properly used?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	52) Other? Extra Credit?	
<b>EXCAVATIONS</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	53) Does excavation over 4' deep have a ladder within 25' and two means of egress?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	54) Has proper slope or trench box/shoring been provided?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	55) Is water controlled/removed?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	56) Is excavated material at least 2' back from trench edge?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	57) Is excavation barricaded, etc., to prevent workers and public from falling into trench/hole?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	58) In locations of known or suspected contamination, is excavation atmosphere monitored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	59) Does contractor have certified competent person on site?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60) Other? Extra Credit?	
<b>ELECTRICAL</b>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61) Are temporary power panels and receptacles protected from weather?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62) Are GFCI's in use for site tools?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63) Are temporary lights rigged and secured to supports properly, and with covers?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	64) If overhead power lines are in area, are operations maintaining required distance or isolation?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65) Is lockout/tagout program in effect?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	66) Has a sketch of proposed temporary power distribution been submitted/accepted before installing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	67) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68) Other? Extra Credit?	
<b>CRANES</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	69) Has periodic inspection been performed prior to use on site IAW EM 385-1-1, App. H?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70) Are App. H daily start up inspections performed by operator and submitted with DRI?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	71) Is crane operator qualified IAW EM 385-1-1, App. G, and is crane certification posted in cab?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72) Are workers protected from the crane swing radius and prevented from passing under the load?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	73) Are rigging cables and slings in good repair free of kinks and cracks?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	74) Is the crane level and on firm ground and outriggers in use with appropriate cribbing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75) Is crane side loading prohibited?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	76) Near electric power sources, are rules followed for clearance/isolation in operating zone?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	77) Is crane equipped with anti two-block device if required?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	78) Other? Extra Credit?	
<b>CONFINED SPACES</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	79) Has entry plan been submitted and accepted?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80) Is atmosphere being monitored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	81) Is space being ventilated?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	82) Are entrants, attendants and entry supervisor properly trained?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	83) Is rescue/retrieval system in place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84) Are daily entry permits posted at point of entry and signed by entry supervisor?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85) Is point of entry posted "DANGER CONFINED SPACE"?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	86) Has blanking or locking out of systems taken place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	87) Other? Extra Credit?	
<b>ROOFING</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	88) Are kettles at least 25 feet away from buildings?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	89) Has an employee fall protection system been implemented and in proper use?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90) Are skylights and roof penetrations covered or barricaded appropriately?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	91) Has the roof been evaluated for its ability to support the intended construction loads?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	92) Has the roof been surveyed for deterioration?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93) Are two fire extinguishers at the kettle?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	94) Fuel cylinder a minimum of 10' from open flame?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96) Other? Extra Credit?	

### CATEGORY:

#### EQUIPMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97) Are forklift operators qualified through training at the site (certificate included in Safety Plan)?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98) Does mobile equipment have rollover cages and backup alarms, with moving parts adequately guarded?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99) Are equipment operations maintaining safe clearance from electrical power lines?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100) Do modifications meet safety rating per manufacturer (i.e., lifting personnel with forklift)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	101) Are safety lashings provided for high pressure hose connections, i.e., air compressors?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	102) Are workers clear of blind spots associated with mobile construction equipment?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	103) Do aerial lifts have basket/platform with guardrail?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	104) Are workers not extending over guardrail of aerial lifts?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	105) Are articulating boom platforms (JLG type) used with Full Body Harness attached to boom or basket?	





## CONTRACTOR SITE SAFETY ASSESSMENT

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	106) Other? Extra Credit?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	107) Other? Extra Credit?	
<b>DEMOLITION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108) Has demolition plan been submitted and accepted?	
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	109) If waste is being dropped > 6' is it in an enclosed chute and is area secured from traffic?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	113) For building demolition, has notification been made to State having jurisdiction?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	114) Are nails removed from scrap lumber/materials?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	115) Other? Extra Credit?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	116) Other? Extra Credit?	
<b>PPE</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117) Workers wearing leather shoes (not tennis), long pants, sleeved shirts, and steel toes where required?	
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118) Are hard hats being worn?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119) Are safety glasses where appropriate?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120) Hearing protection where appropriate? (if you need to yell to converse)	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121) Respirators where appropriate?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122) Impalement protection provided where personnel could work above vertical impalement?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123) Is lighting adequate?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	124) Other? Extra Credit?	
<b>ABATEMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	125) Has abatement plan been submitted and accepted?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	126) Is independent air monitoring being performed as required inside and outside barriers?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	127) Is containment in place without integrity compromise?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	128) Are employees utilizing appropriate PPE?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	129) If negative air is used, are fans used continuously and monitored for pressure differential?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	130) Has baseline been performed and necessary final clearance readings taken?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	131) Are inspections by independent PQP performed prior to barrier removal?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132) Is waste material properly containerized and stored?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	133) Are air monitoring results provided to ROICC?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	134) Are waste shipment records provided to ROICC?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	135) Other? Extra Credit?	
<b>WATERFRONT ACTIVITIES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	136) Are employees wearing appropriate flotation devices (PFDs)?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	137) Is a rescue skiff available?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	138) Are emergency life rings available?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	139) If diving operations are taking place, has a dive plan been submitted and accepted?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	140) Does dive team consist of proper number and qualifications for employees?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	141) Other? Extra Credit?	

**SCORING:** Total applicable for each category = X (where X includes responses for category of "Yes" and "No" but does not include N/A)

Total with "Yes" responses for each category = Y

**SCORE FOR EACH CATEGORY**

**SCORE RATE EQUATION = Y / X**

1 PREPARATORY PHASE: 100%	6 LADDER SAFETY: 100%	11 ROOFING: N/A
2 OFFICE TRAILER GENERAL: 100%	7 EXCAVATIONS: N/A	12 EQUIPMENT: N/A
3 FIRE PREVENTION: 100%	8 ELECTRICAL: 100%	13 DEMOLITION: 100%
4 SCAFFOLD SAFETY: N/A	9 CRANES: N/A	14 PPE: 100%
5 FALL PROTECTION: N/A	10 CONFINED SPACES: N/A	15 ABATEMENT: 100%
		16 WATERFRONT ACTIVITIES: N/A

OVERALL RATING = AVERAGE RATING FOR ALL CATEGORIES:

100%

## MONTHLY DISPOSAL REPORT

CONTRACT NO: N40192-15-D-9010-0003	TITLE AND LOCATION: Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam	DATE: Monday, January 30, 2017
CONTRACTOR: Wolk Creek Federal Services Inc		QCM: Gennady Belyshev
Location where debris is being disposed of		If debris is being reused, where:
At end of ACM removal, ACM will be disposed of (off island) RABANCO Regional Landfill 500 Roosevelt Grade Road Roosevelt, WA 99356. Global recycling. Smithbridge Yigo, Guam hardfill		N/A
Type of material being disposed of and quantity:		
.		Quantity:
concrete/drywall/glass/flooring to Smithbridge hardfill		12,764 Cubic yards
rebar and other metals to Global recycling		7220 Kilo
report includes activity from 12/28/16 to 1/27/2017		

QCM:

GENNADY BELYSHEV



Guam Construction/Demolition Office

**Monthly Contractor Exposure Report**

Project Title: Demolish 112 Units

Contract Number: N40192-15-D-9010-0003

Location: Capehart Housing (Phase II) Andersen Air Force Base, Guam

Total Man-hour for period of: October 11 to October 31: 2,451

Total Man-hour for period of: November 1 to November 27: 2,051

Total Man-hour for period of: November 28 to December 27: 1,431

Total Man-hour for period of: December 28 to January 27, 2017: 3,654

**Total as of January 27, 2017 = 9,587**

**Submitted by:** Gennady Belyshev 1/30/2017  
QC/Superintendent Date

<b>Transmittal/Review/Approval</b>		FILE NAME Estimate for Voucher-Invoice #06		DATE February 28, 2017	
CONTRACT NO. N40192-15-D-9010-0003		TITLE Fill in Project Title/Location Here Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam			
FROM (CONTRACTOR) WOLF CREEK FEDERAL SERVICES INC.		TO Robert Diramos NAVFAC		SUBMITTAL NO. 02.06	FOR SPEC. SECTION 2.15.1.2

ENCL. NO.	NO. OF COPIES	DESCRIPTION	SPEC. SEC. PARA/DWG. NO.	SCHEDULE ACTIVITY NO.	CQC CODE
1	1	Estimate for Voucher-Invoice #06	2.15.1.2		

DATE NEEDED BY: March 7, 2017

TRANSMITTED FOR: ☒ APPROVAL    ☐ CLARIFICATION    ☐ SELECTION    ☐ RECORD    ☐ VARIANCE

It is hereby certified that the material submitted herein conforms to contract requirements and can be installed in the allocated spaces.

CONTRACTOR'S REPRESENTATIVE NAME/TITLE Gennady Belyshev QCM		SIGNATURE: Gennady Belyshev <small>Digitally signed by Gennady Belyshev Date: 2017.02.28 15:31:29 +10'00'</small>
--	--	--

Received By (Print Name & Sign) /Date/Time: \_\_\_\_\_

FROM: _____	SIGNATURE: _____	DATE: _____
TO: _____	For review/comment ( ) copies of enclosures forwarded. RETURN WITHIN ( ) WORKING DAYS, unless submittal is for record/info purposes only and there are no adverse comments.	

Received By (Print Name & Sign) /Date/Time: \_\_\_\_\_

FROM: <b>BOB DIRAMOS</b>	TO: <b>ED BALUERTA</b>	DATE: <b>09 MAR 2017</b>
--------------------------	------------------------	--------------------------

RECOMMEND:

☐ APPROVAL/ACCEPTANCE, subject to contract requirements

☒ APPROVAL/ACCEPTANCE, as noted, subject to contract requirements

☐ RETURN for correction and resubmission

☐ DISAPPROVAL

☐ REVIEWED AND PROCEED

☐ \_\_\_\_\_

REMARKS:

Pls. SEE NOTES

SIGNATURE DELETED. OMB M-08-15. "Safeguarding Personally Identifiable Information."

☐ copies of encls retained

SIGNATURE: \_\_\_\_\_

Received By (Print Name & Sign) /Date/Time: \_\_\_\_\_

FROM: _____	TO (CONTRACTOR) / ATTENTION: _____	DATE: _____
-------------	------------------------------------	-------------

Enclosure(s) is (are):

☐ APPROVED/ACCEPTED, subject to contract requirements

☐ APPROVED/ACCEPTED, as noted, subject to contract requirements

☐ RETURNED for correction and resubmission

☐ DISAPPROVED

☐ NOT REVIEWED

☐ RECEIVED FOR RECORD

REMARKS:

File Name: \_\_\_\_\_

☐ copies of encls returned

Copy to: Contract File (w/encls)  
ConRep/ET (w/encls)  
CME (w/encls)

SIGNATURE: \_\_\_\_\_

BY DIRECTION OF THE CONTRACTING OFFICER

Received By (Print Name & Sign) /Date/Time: \_\_\_\_\_



**DEMOLITION SERVICES OF FACILITIES AND  
MISCELLANEOUS STRUCTURES IN VARIOUS MILITARY  
INSTALLATIONS ON GUAM  
WON 1362220, AJJY-14-4002 DEMOLISH 112 UNITS AT  
CAPEHART HOUSING (PHASE II)  
ANDERSEN AIR FORCE BASE, GUAM**

**N40192-15-D-9010-0003**

**CONTRACTOR: WOLF CREEK FEDERAL SERVICES, INC.**

**SUBMITTAL NO. 2.6  
Estimate for Voucher  
Invoice #06**

I hereby certify that ☐ equipment ☐ material ☒ article shown and marked in this submittal is that proposed to be incorporated with Contract Number N40192-15-D-9010-0003 is in compliance with the contract drawings and specification and can be installed in the allocated space indicated on the drawings.

Reviewed and certified by DOR: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE DELETED, OMB M-08-15, "Safeguarding

Certified QC Manager: \_\_\_\_\_ Date: 2/28/17

## NAVAL FACILITIES ENGINEERING COMMAND

## 1. CONTRACTOR'S INVOICE

From: Wolf Creek Federal Services, Inc.  
3800 Centerpoint Drive, Suite 1200  
Anchorage, AK 99503-5826

Invoice Date: 09 MAR 2017 March 17, 2017  
 Invoice Number: # 986 5300051221

POC/Telephone/email for this invoice: John Pisula / (671) 483-5063 / <john.pisula@chugachgov.com>  
 To: Contract Specialist: Lee Michael D. Rosario / <lee-michael.rosario@fe.navy.mil>

Below is a Statement of Performance under Contract # N40192-15-D-9010 Task Order # 0003  
 for Demolish 112 Family Housing Units, AJJY-14-4002, Capehart Housing (Phase II), Andersen Air Force Base, Guam, M.I.

The enclosure provides breakdown of this statement of performance.

A. Total value of contract/task order through change	MOD-02	\$	4,446,154.69
B. Percentage of performance complete	67.02 %		
C. Value of completed performance		\$	2,979,604.78
D. Less total of prior payments		\$	(1,827,323.00)
E. Amount of this invoice		\$	1,152,281.78

Signature and Title:  
 Date:

John Pisula, Project Manager John S. Pisula  
 Signature of Authorized Representative

## 2. FIRST ENDORSEMENT

## Receipt and Acceptance Certification

From: \_\_\_\_\_  
 To: \_\_\_\_\_

## 1. Payment is recommended as follows:

A. Amount of work completed to (date)		\$	
B. Less:			
Retention	\$	\$	
Other Deductions:	\$	\$	
C. Subtotal		\$	
D. Less previous payments	on TO #	\$	
E. Certified amount for payment #			
F. Elapsed cc (if applicable)			
G. Responsible Certifying UIC			
H. Invoice Receipt Date			
I. Material/Services Receipt Date			
J. Material/Services Acceptance Date			
K. Date forwarded to paying office.			
L. I certify this amount is correct and payment is recommended.			

Signature: \_\_\_\_\_  
 Signature of Authorized Representative

Date: \_\_\_\_\_

Name and Title (typed): \_\_\_\_\_  
 Phone and address: \_\_\_\_\_

## 3. PROMPT PAYMENT CERTIFICATION

I certify that the accounting data provided is accurate, funds have been obligated in appropriate accounting system and changes have been applied to the appropriate accounting classification reference number (ACRN), available funds have been decremented for the amount approved for disbursement and will not be de-obligated and the above invoice is correct and proper for payment.

Signature: \_\_\_\_\_  
 Signature of Authorized Representative

Date: \_\_\_\_\_

Name and Title (typed): \_\_\_\_\_  
 Phone and address: \_\_\_\_\_

Line(s) of accounting to be used for this invoice (include appropriate Line Item # (CLIN, SLIN, or ACRN, etc)

\_\_\_\_\_  
 \_\_\_\_\_



Wolf Creek Federal Services, Inc.

Contract No.: N40192-15-D-9010

Back-up Computations for Invoice-06 - Period 02/01/2017 to 02/28/2017 Task Order #0003

Clin No.	Description	6/30/2016	CLIN Value	Earned Value
A00101	Concrete			\$ 1,745,102.20
A00201	Up to 6-inch Thick			\$ 148,368.36
A008	Removal and Disposal of Vinyl Asbestos Tiles (VAT) Including Mastic			\$ 943,300.19
A012	Perform Testing of Suspected Asbestos Materials			\$ 54,010.88
A013	Perform Testing of Suspected Lead Materials			\$ 52,975.16
A015	Spread and Compact 4 inch topsoil			\$ -
A017	Seeding			\$ -
A028	Provide Registered Professional Engineering Services			\$ 35,848.00
A029	Provide Archeological Monitoring during all ground disturbing activities			\$ -
Total		0.00%	\$ 4,446,154.69	

Gennady Belyshev

Digitally signed by Gennady Belyshev  
Date: 2017.02.28 15:30:45 +10'00'

Gennady Belyshev, Site QC Manager  
WOLF CREEK FEDERAL SERVICES, INC.

John S. Pisula

Digitally signed by John S. Pisula  
DN: cn=John S. Pisula, o=Wolf Creek Federal Services, Inc., ou=US  
email=john.pisula@chugach.com, c=US  
Date: 2017.02.28 15:39:09 +10'00'

John Pisula, Project Manager

WOLF CREEK FEDERAL SERVICES, INC.

SIGNATURE DELETED: OMB M-08-15. "Safeguarding Personally Identifiable Information."

Roberto Dirames

PAR

09 Mar 2017

Date

09 Mar 2017

Total Earned \$ 2,979,604.78  
% accomplished 67.02%

SIGNATURE DELETED: OMB M-08-15. "Safeguarding Personally Identifiable Information."

PROGRESS BILLING COVERING THE PERIOD FEBRUARY 1, 2017 - FEBRUARY 28, 2017

[illegible]

## Unit Progress Work Sheet For Period 02/01/2017 to 02/28/2017

## Percent Accomplished for CLIN No. A00101

qty	unit	qty removed	remove 50%	dispose 40%	backfill/soil 10%	total % accomplished
2,503,015.20	CF	1,454,176.40	727,088.20	581,670.56	145,417.64	58.10%

## Percent Accomplished for CLIN No. A00201

qty	unit	qty removed	remove 50%	dispose 40%	backfill/soil 10%	total % accomplished
43,523.08	CY	28,641.47	14,320.74	11,456.59	2,864.15	65.81%

## Percent Accomplished for CLIN No. A008

qty	unit	qty performed	total % accomplished
329,686.91	SF	303,312.00	92.00%

## Percent Accomplished for CLIN No. A012

qty	unit	qty performed	total % accomplished
548.00	EA	548.00	100.00%

## Percent Accomplished for CLIN No. A013

qty	unit	qty performed	total % accomplished
548.00	EA	548.00	100.00%

## Percent Accomplished for CLIN No. A015

qty	unit	qty performed	total % accomplished
804.27	CY	-	0.00%

## Percent Accomplished for CLIN No. A017

qty	unit	qty performed	total % accomplished
46,757.00	SY	-	0.00%

## Percent Accomplished for CLIN No. A028

qty	unit	qty performed	total % accomplished
0.00	Hrs	-	100.00%

## Percent Accomplished for CLIN No. A029

qty	unit	qty removed	total % accomplished
0.00	Hrs	-	0.00%



## CONTRACTOR SITE SAFETY ASSESSMENT

ROICC OFFICE: NAVFAC Marianas FEAD DATE: 24-Feb-17

CONTRACTOR: Wolf Creek Federal Services Inc.

CONTRACT TITLE: Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam

CONTRACTOR SSNO: E. Kurt Wusttig

CATEGORY:

	(Yes)	(No)	(N/A)	
<b>PREPARATORY PHASE (Planning)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Activity Hazard Analysis performed and used on the site for each definable feature of work?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) Are weekly safety meetings and indoctrination held on site and documented for all workers?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) Is the submitted safety plan on site and in use?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) Is the Activity Hazard Analysis reviewed during the preparatory inspection?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5) Hazardous materials program in place with MSDS sheets on site and maintained?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) EM 385-1-1 available on the site?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7) Other? Extra Credit?
<b>OFFICE TRAILER GENERAL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8) Are office and storage trailers anchored?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9) Are emergency phone numbers posted?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10) Is a phone available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11) First aid log maintained (contractors must use OSHA Form 300)?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Toilet facilities available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13) Site posted "HARD HAT AREA," "NOISE HAZARD," "CONSTRUCTION AREA," etc., as required?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Garbage cans and dumpsters available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Jobsite cleaned daily?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Is traffic control around site adequate?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17) Other? Extra Credit?
<b>FIRE PREVENTION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Are fire extinguishers available, fully charged, and easily visible within 75 feet for low hazard areas?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Is fuel stored in proper containers?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Are hot work permits being obtained?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Are fire watches provided?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Are gas cylinders stored upright and secured with chain or rope?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Is Housekeeping acceptable?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24) Other? Extra Credit?
<b>SCAFFOLD SAFETY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25) Are daily scaffold inspections performed by designated competent person?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26) Planks overlapped not less than 6" or more than 12" over end supports with toe boards in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27) Tubing pinned properly and all cross bracing in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28) If scaffold height is 4X smallest base dimension, is system secured to structure?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29) All guardrails are in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30) Full work platform at each working level with no cracks/splits?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31) Safe access provided to each working level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32) Scaffold and components not overloaded?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33) Is scaffold system plumb and level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34) Suspended scaffold systems using independent personal fall arrest system?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	35) Other? Extra Credit?
<b>FALL PROTECTION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	36) Is a full body harness used where required?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	37) Tied off at all times to structural element capable of supporting 5,000 lbs/person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	38) Is protection provided for all personnel working in areas where they could fall 6' or more?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	39) Are employees trained for fall protection systems in use?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	40) Does the contractor have a certified competent person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	41) Have standard guardrails been provided where required?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	42) Have horizontal life lines been designed and installed under supervision of a qualified person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	43) Other? Extra Credit?

CATEGORY:

	(Yes)	(No)	(N/A)	
<b>LADDER SAFETY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44) Do ladders extend 3' above landing platform and tied to structure?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45) Are ladders used with hand tools only?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46) Are ladder base distances from structure 1/4 height?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47) Are floor openings either covered or surrounded by a guardrail?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	48) Electricians not using portable "conductive" ladders?



## CONTRACTOR SITE SAFETY ASSESSMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	49) Stairways provided on all structures over 20' during construction and supplied with guardrail?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50) Portable step ladders over 20' not used on the site?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51) Are ladders properly used?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	52) Other? Extra Credit?	
<b>EXCAVATIONS</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	53) Does excavation over 4' deep have a ladder within 25' and two means of egress?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	54) Has proper slope or trench box/shoring been provided?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	55) Is water controlled/removed?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	56) Is excavated material at least 2' back from trench edge?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	57) Is excavation barricaded, etc., to prevent workers and public from falling into trench/holes?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	58) In locations of known or suspected contamination, is excavation atmosphere monitored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	59) Does contractor have certified competent person on site?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60) Other? Extra Credit?	
<b>ELECTRICAL</b>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61) Are temporary power panels and receptacles protected from weather?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	62) Are GFCI's in use for site loads?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	63) Are temporary lights rigged and secured to supports properly, and with covers?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	64) If overhead power lines are in area, are operations maintaining required distance or isolation?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	65) Is lockout/tagout program in effect?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	66) Has a sketch of proposed temporary power distribution been submitted/accepted before installing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	67) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68) Other? Extra Credit?	
<b>CRANES</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	69) Has periodic inspection been performed prior to use on site IAW EM 385-1-1, App. H?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70) Are App. H daily start up inspections performed by operator and submitted with DRI?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	71) Is crane operator qualified IAW EM 385-1-1, App. G, and is crane certification posted in cab?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72) Are workers protected from the crane swing radius and prevented from passing under the load?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	73) Are rigging cables and slings in good repair free of kinks and cracks?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	74) Is the crane level and on firm ground and outriggers in use with appropriate cribbing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75) Is crane side loading prohibited?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	76) Near electric power sources, are rules followed for clearance/isolation in operating zone?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	77) Is crane equipped with anti two-block device if required?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	78) Other? Extra Credit?	
<b>CONFINED SPACES</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	79) Has entry plan been submitted and accepted?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80) Is atmosphere being monitored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	81) Is space being ventilated?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	82) Are entrants, attendants and entry supervisor properly trained?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	83) Is rescue/retrieval system in place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84) Are daily entry permits posted at point of entry and signed by entry supervisor?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85) Is point of entry posted "DANGER CONFINED SPACE"?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	86) Has blanking or locking out of systems taken place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	87) Other? Extra Credit?	
<b>ROOFING</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	88) Are kettles at least 25 feet away from buildings?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	89) Has an employee fall protection system been implemented and in proper use?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90) Are skylights and roof penetrations covered or barricaded appropriately?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	91) Has the roof been evaluated for its ability to support the intended construction loads?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	92) Has the roof been surveyed for deterioration?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93) Are two fire extinguishers at the kettle?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	94) Fuel cylinder a minimum of 10' from open flame?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96) Other? Extra Credit?	

### CATEGORY:

<b>EQUIPMENT</b>				
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97) Are forklift operators qualified through training at the site (certificate included in Safety Plan)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98) Does mobile equipment have rollover cages and backup alarms, with moving parts adequately guarded?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99) Are equipment operators maintaining safe clearance from electrical power lines?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100) Do modifications meet safety rating per manufacturer (i.e., lifting personnel with forklift)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	101) Are safety lashings provided for high pressure hose connections, i.e., air compressors?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102) Are workers clear of blind spots associated with mobile construction equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	103) Do aerial lifts have basket/platform with guardrail?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	104) Are workers not extending over guardrail of aerial lifts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	105) Are articulating boom platforms (JLG type) used with Full Body Harness attached to boom or basket?



## CONTRACTOR SITE SAFETY ASSESSMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	106) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	107) Other? Extra Credit?	
<b>DEMOLITION</b>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108) Has demolition plan been submitted and accepted?	
Comments/Notes:				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	109) If waste is being dropped > 6' is it in an enclosed chute and is area secured from traffic?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	110) For building demolition, has notification been made to State having jurisdiction?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	114) Are nails removed from scrap lumber/materials?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	115) Other? Extra Credit? Cones utilized around excavators to warn personnel of swing radius hazard.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	116) Other? Extra Credit?	
<b>PPE</b>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117) Workers wearing leather shoes (not tennis), long pants, sleeved shirts, and steel toes where required?	
Comments/Notes:				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118) Are hard hats being worn?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119) Are safety glasses where appropriate?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120) Hearing protection where appropriate? (If you need to yell to converse)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121) Respirators where appropriate?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122) Impalement protection provided where personnel could work above a vertical impalement?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123) Is lighting adequate?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	124) Other? Extra Credit?	
<b>ABATEMENT</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	125) Has abatement plan been submitted and accepted?	
Comments/Notes:				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	126) Is independent air monitoring being performed as required inside and outside barriers?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	127) Is containment in place without integrity compromise?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	128) Are employees utilizing appropriate PPE?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	129) If negative air is used, are fans used continuously and monitored for pressure differential?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	130) Has baseline been performed and necessary final clearance readings taken?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	131) Are inspections by independent PQP performed prior to barrier removal?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	132) Is waste material properly containerized and stored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	133) Are air monitoring results provided to ROICC?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	134) Are waste shipment records provided to ROICC?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	135) Other? Extra Credit?	
<b>WATERFRONT ACTIVITIES</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	136) Are employees wearing appropriate flotation devices (PFDs)?	
Comments/Notes:				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	137) Is a rescue skill available?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	138) Are emergency life rings available?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	139) If diving operations are taking place, has a dive plan been submitted and accepted?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	140) Does dive team consist of proper number and qualifications for employees?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	141) Other? Extra Credit?	

**SCORING:** Total applicable for each category = X (where X includes responses for category of "Yes" and "No" but does not include N/A)

Total with "Yes" responses for each category = Y

**SCORE FOR EACH CATEGORY:**

**SCORE RATE EQUATION = Y / X**

1 PREPARATORY PHASE: 100%	6 LADDER SAFETY: 100%	11 ROOFING: N/A
2 OFFICE TRAILER GENERAL: 100%	7 EXCAVATIONS: N/A	12 EQUIPMENT: N/A
3 FIRE PREVENTION: 100%	8 ELECTRICAL: 100%	13 DEMOLITION: 100%
4 SCAFFOLD SAFETY: N/A	9 CRANES: N/A	14 PPE: 100%
5 FALL PROTECTION: N/A	10 CONFINED SPACES: N/A	15 ABATEMENT: 100%
		16 WATERFRONT ACTIVITIES: N/A

OVERALL RATING = AVERAGE RATING FOR ALL CATEGORIES:

100%



## MONTHLY DISPOSAL REPORT

CONTRACT NO: N40192-15-D-9010-0003	TITLE AND LOCATION: Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base Guam	DATE: Friday, February 24, 2017
CONTRACTOR: Wolk Creek Federal Services Inc		QCM: Gennady Belyshev
Location where debris is being disposed of		If debris is being reused, where:
At end of ACM removal, ACM will be disposed of (off island) RABANCO Regional Landfill 500 Roosevelt Grade Road Roosevelt, WA 99356. Global recycling. Smithbridge Yigo, Guam hardfill		N/A
Type of material being disposed of and quantity:		
.		Quantity:
concrete/drywall/glass/flooring to Smithbridge hardfill		
rebar and other metals to Global recycling		93,440 kg
report includes activity from 1/30/2017 to 2/23/2017		14,504 cubic yards

Gennady Belyshev

Digitally signed by Gennady Belyshev QCM:  
Date: 2017.02.24 20:44:20 +10'00'

GENNADY BELYSHEV



Guam Construction/Demolition Office

### Monthly Contractor Exposure Report

Project Title: Demolish 112 Units

Contract Number: N40192-15-D-9010-0003

Location: Capehart Housing (Phase II) Andersen Air Force Base, Guam

Total Man-hour for period of: October 11 to October 31: 2,451

Total Man-hour for period of: November 1 to November 27: 2,051

Total Man-hour for period of: November 28 to December 27: 1,431

Total Man-hour for period of: December 28 to January 27, 2017: 3,654

Total Man-hour for period of: January 28 to February 23, 2017: 4,629

**Total as of February, 2017 =** **14,216**

Gennady  
Belyshev

Digitally signed by  
Gennady Belyshev  
Date: 2017.02.24  
20:43:22 +10'00'

**Submitted by:** Gennady Belyshev 2/24/2017  
QC/Superintendent Date

## March 31, 2017

2.15.1.2

Attachment 1



**DEMOLITION SERVICES OF FACILITIES AND  
MISCELLANEOUS STRUCTURES IN VARIOUS MILITARY  
INSTALLATIONS ON GUAM  
WON 1362220, AJJY-14-4002 DEMOLISH 112 UNITS AT  
CAPEHART HOUSING (PHASE II)  
ANDERSEN AIR FORCE BASE, GUAM**

**N40192-15-D-9010-0003**

**CONTRACTOR: WOLF CREEK FEDERAL SERVICES, INC.**

**SUBMITTAL NO. 2.7  
Estimate for Voucher  
Invoice #07**

I hereby certify that ☐ equipment ☐ material ☐ article shown and marked in this submittal is that proposed to be incorporated with Contract Number N40192-15-D-9010-0003 is in compliance with the contract drawings and specification and can be installed in the allocated space indicated on the drawings.

Reviewed and certified by DOR: \_\_\_\_\_ Date: \_\_\_\_\_

Certified QC Manager: \_\_\_\_\_ Date: 3/31/17

## NAVAL FACILITIES ENGINEERING COMMAND

## 1. CONTRACTOR'S INVOICE

From: Wolf Creek Federal Services, Inc.  
3800 Centerpoint Drive, Suite 1200  
Anchorage, AK 99503-5826

Invoice Date: 05/08/2017  
 Invoice Number: 5300051789

POC/Telephone/email for this invoice: John Pisula / (671) 483-5063 / <john.pisula@chugachgov.com>

To: Contract Specialist: Lee Michael D. Rosario / <lee-michael.rosario@fe.navy.mil>

Below is a Statement of Performance under Contract # N40192-15-D-9010 Task Order # 0003  
 for Demolish 112 Family Housing Units, AJJY-14-4002, Capehart Housing (Phase II), Andersen Air Force Base, Guam, M.I.

The enclosure provides breakdown of this statement of performance.

A. Total value of contract/task order through change	<u>MOD-02</u>	\$	<u>4,446,154.69</u>
B. Percentage of performance complete	<u>81.78 %</u>		
C. Value of completed performance		\$	<u>3,635,967.82</u>
D. Less total of prior payments		\$	<u>(2,979,604.78)</u>
E. Amount of this invoice		\$	<u>656,363.04</u>

Signature and Title:  
 Date:

John Pisula, Project Manager John S. Pisula  
 Signature of Authorized Representative

Standard Receipt Only - 1 Page  
 Do not use if Receipt or Acknowledgment is required  
 Do not use if Receipt or Acknowledgment is required  
 Do not use if Receipt or Acknowledgment is required

## 2. FIRST ENDORSEMENT

## Receipt and Acceptance Certification

From: \_\_\_\_\_  
 To: \_\_\_\_\_

## 1. Payment is recommended as follows:

A. Amount of work completed to (date)		\$	_____
B. Less:			
Retention	\$	\$	_____
Other Deductions:	\$	\$	_____
C. Subtotal		\$	_____
D. Less previous payments	_____ on TO #	\$	_____
E. Certified amount for payment #	_____		
F. Elapsed cc (if applicable)	_____		
G. Responsible Certifying UIC	_____		
H. Invoice Receipt Date	_____		
I. Material/Services Receipt Date	_____		
J. Material/Services Acceptance Date	_____		
K. Date forwarded to paying office	_____		
L. I certify this amount is correct and payment is recommended.			

Signature: \_\_\_\_\_  
 Signature of Authorized Representative

Date: \_\_\_\_\_

Name and Title (typed): \_\_\_\_\_

Phone and address: \_\_\_\_\_

## 3. PROMPT PAYMENT CERTIFICATION

I certify that the accounting data provided is accurate, funds have been obligated in appropriate accounting system and changes have been applied to the appropriate accounting classification reference number (ACRN); available funds have been decremented for the amount approved for disbursement and will not be de-obligated and the above invoice is correct and proper for payment.

Signature: \_\_\_\_\_  
 Signature of Authorized Representative

Date: \_\_\_\_\_

Name and Title (typed): \_\_\_\_\_

Phone and address: \_\_\_\_\_

Line(s) of accounting to be used for this invoice (include appropriate Line Item # (CLIN, SLIN, or ACRN, etc)

\_\_\_\_\_  
 \_\_\_\_\_

Wolf Creek Federal Services, Inc.

Contract No.: N40192-15-D-9010

Back-up Computations for Invoice-07 - Period 03/01/2017 to 03/31/2017 Task Order #0003

<u>Clin No.</u>	<u>Description</u>	<u>6/30/2016</u>	<u>CLIN Value</u>	<u>Earned Value</u>
A00101	Concrete			\$ 2,336,814.99
A00201	Up to 6-inch Thick			\$ 193,165.19
A008	Removal and Disposal of Vinyl Asbestos Tiles (VAT) Including Mastic			\$ 943,300.19
A012	Perform Testing of Suspected Asbestos Materials			\$ 54,010.88
A013	Perform Testing of Suspected Lead Materials			\$ 52,975.16
A015	Spread and Compact 4 inch topsoil			\$ 13,585.73
A017	Seeding			\$ 6,267.68
A028	Provide Registered Professional Engineering Services			\$ 35,848.00
A029	Provide Archeological Monitoring during all ground disturbing activities			\$ -
	<b>Total</b>	000%	\$ 4,446,154.69	

Total Earned \$ 3,635,967.82  
% accomplished 81.78%

Gennady Belyshev Digitally signed by Gennady Belyshev  
Date: 2017.03.31 13:58:27 +10'00'

Gennady Belyshev, Site QC Manager  
WOLF CREEK FEDERAL SERVICES, INC.

Date

Digitally signed by John S. Pisula  
DN: cn=John S. Pisula, o=Wolf Creek Federal Services, Inc, ou=Dow S,  
email=john.pisula@chugach.com, c=US  
Date: 2017.04.03 11:12:42 +10'00'

John S. Pisula

John Pisula, Project Manager  
WOLF CREEK FEDERAL SERVICES, INC.

Date

CRUZ.KENNETH.  
R.1232224289

4/19/2017

Kenneth Cruz  
Antonio Duenas/Kenneth Cruz  
PAR

Date

PROGRESS BILLING COVERING THE PERIOD MARCH 1, 2017 - MARCH 31, 2017

[illegible]



## Unit Progress Work Sheet For Period 03/01/2017 to 03/31/2017

## Percent Accomplished for CLIN No. A00101

qty	unit	qty removed	remove 50%	dispose 40%	backfill/soil 10%	total % accomplished
2,503,015.20	CF	1,947,277.44	973,638.72	778,910.98	194,727.74	77.80%

## Percent Accomplished for CLIN No. A00201

qty	unit	qty removed	remove 50%	dispose 40%	backfill/soil 10%	total % accomplished
43,523.08	CY	37,291.32	18,645.66	14,916.53	3,729.13	85.68%

## Percent Accomplished for CLIN No. A008

qty	unit	qty performed	total % accomplished
329,686.91	SF	303,312.00	92.00%

## Percent Accomplished for CLIN No. A012

qty	unit	qty performed	total % accomplished
548.00	EA	548.00	100.00%

## Percent Accomplished for CLIN No. A013

qty	unit	qty performed	total % accomplished
548.00	EA	548.00	100.00%

## Percent Accomplished for CLIN No. A015

qty	unit	qty performed	total % accomplished
804.27	CY	321.71	40.00%

## Percent Accomplished for CLIN No. A017

qty	unit	qty performed	total % accomplished
46,757.00	SY	19,585.00	41.89%

## Percent Accomplished for CLIN No. A028

qty	unit	qty performed	total % accomplished
0.00	Hrs	-	100.00%

## Percent Accomplished for CLIN No. A029

qty	unit	qty removed	total % accomplished
0.00	Hrs	-	0.00%



## CONTRACTOR SITE SAFETY ASSESSMENT

ROICC OFFICE: NAVFAC Marianas FEAD DATE: 28-Mar-17

CONTRACTOR: Wolf Creek Federal Services Inc.

CONTRACT TITLE: Demolish 112 Units at Capahart Housing (Phase II) Andersen Air Force Base, Guam

CONTRACTOR SSO: E. Kurt Wusstig

SIGNATURE DELETED. OMB M-08-15, "Safety"

### CATEGORY

	(Yes)	(No)	(N/A)	
<b>PREPARATORY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Activity Hazard Analysis performed and used on the site for each definite feature of work?
<b>PHASE (Planning)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) Are weekly safety meetings and indoctrination held on site and documented for all workers?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) Is the submitted safety plan on site and in use?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) Is the Activity Hazard Analysis reviewed during the preparatory inspection?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5) Hazardous materials program in place with MSDS sheets on site and maintained?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) EM 385-1-1 available on the site?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7) Other? Extra Credit?
<b>OFFICE TRAILER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8) Are office and storage trailers anchored?
<b>GENERAL</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9) Are emergency phone numbers posted?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10) Is a phone available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11) First aid log maintained (contractors must use OSHA Form 300)?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Toilet facilities available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13) Site posted "HARD HAT AREA," "NOISE HAZARD," "CONSTRUCTION AREA," etc. as required?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Garbage cans and dumpsters available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Jobsite cleaned daily?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Is traffic control around site adequate?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17) Other? Extra Credit?
<b>FIRE PREVENTION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Are fire extinguishers available, fully charged, and easily visible within 75 feet for low hazard areas?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Is fuel stored in proper containers?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Are hot work permits being obtained?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Are fire watches provided?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Are gas cylinders stored upright and secured with chain or rope?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Is Housekeeping acceptable?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24) Other? Extra Credit?
<b>SCAFFOLD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25) Are daily scaffold inspections performed by designated competent person?
<b>SAFETY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26) Planks overlapped not less than 6" or more than 12" over end supports with toe boards in place?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27) Tubing pinned properly and all cross bracing in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28) If scaffold height is 4X smallest base dimension, is system secured to structure?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29) All guardrails are in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30) Full work platform at each working level with no cracks/splits?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31) Safe access provided to each working level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32) Scaffold and components not overloaded?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33) Is scaffold system plumb and level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34) Suspended scaffold systems using independent personal fall arrest system?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	35) Other? Extra Credit?
<b>FALL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	36) Is a full body harness used where required?
<b>PROTECTION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	37) Tied off at all times to structural element capable of supporting 5,000 lbs/person?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	38) Is protection provided for all personnel working in areas where they could fall 6' or more?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	39) Are employees trained for fall protection systems in use?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	40) Does the contractor have a certified competent person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	41) Have standard guardrails been provided where required?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	42) Have horizontal life lines been designed and installed under supervision of a qualified person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	43) Other? Extra Credit?

### CATEGORY

#### LADDER SAFETY

Comments/Notes:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44) Do ladders extend 3' above landing platform and tied to structure?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45) Are ladders used with hand tools only?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46) Are ladder base distances from structure 1/4 height?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47) Are floor openings either covered or surrounded by a guardrail?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	48) Electricians not using portable "conductive" ladders?



## CONTRACTOR SITE SAFETY ASSESSMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	49) Stairways provided on all structures over 20' during construction and supplied with guardrail?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50) Portable step ladders over 20' not used on the site?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51) Are ladders properly used?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	52) Other? Extra Credit?	
<b>EXCAVATIONS</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	53) Does excavation over 4' deep have a ladder within 25' and two means of egress?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	54) Has proper slope or trench box/shoring been provided?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	55) Is water controlled/removed?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	56) Is excavated material at least 2' back from trench edge?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	57) Is excavation barricaded, etc., to prevent workers and public from falling into trench/hole?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	58) In locations of known or suspected contamination, is excavation atmosphere monitored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	59) Does contractor have certified competent person on site?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60) Other? Extra Credit?	
<b>ELECTRICAL</b>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61) Are temporary power panels and receptacles protected from weather?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62) Are GFCI's in use for site tools?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	63) Are temporary lights rigged and secured to supports properly, and with covers?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	64) If overhead power lines are in area, are operations maintaining required distance or isolation?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	65) Is lockout/tagout program in effect?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	66) Has a sketch of proposed temporary power distribution been submitted/accepted before installing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	67) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68) Other? Extra Credit?	
<b>CRANES</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	69) Has periodic inspection been performed prior to use on site IAW EM 385-1-1, App. H?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70) Are App. H daily start up inspections performed by operator and submitted with DRI?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	71) Is crane operator qualified IAW EM 385-1-1, App. G, and is crane certification posted in cab?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72) Are workers protected from the crane swing radius and prevented from passing under the load?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	73) Are rigging cables and slings in good repair free of kinks and cracks?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	74) Is the crane level and on firm ground and outriggers in use with appropriate cribbing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75) Is crane side loading prohibited?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	76) Near electric power sources, are rules followed for clearance/isolation in operating zone?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	77) Is crane equipped with anti two-block device if required?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	78) Other? Extra Credit?	
<b>CONFINED SPACES</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	79) Has entry plan been submitted and accepted?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80) Is atmosphere being monitored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	81) Is space being ventilated?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	82) Are entrants, attendants and entry supervisor properly trained?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	83) Is rescue/retrieval system in place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84) Are daily entry permits posted at point of entry and signed by entry supervisor?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85) Is point of entry posted "DANGER CONFINED SPACE"?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	86) Has blanking or locking out of systems taken place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	87) Other? Extra Credit?	
<b>ROOFING</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	88) Are kettles at least 25 feet away from buildings?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	89) Has an employee fall protection system been implemented and in proper use?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90) Are skylights and roof penetrations covered or barricaded appropriately?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	91) Has the roof been evaluated for its ability to support the intended construction loads?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	92) Has the roof been surveyed for deterioration?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93) Are two fire extinguishers at the kettle?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	94) Fuel cylinder a minimum of 10' from open flame?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96) Other? Extra Credit?	

### CATEGORY:

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97) Are forklift operators qualified through training at the site (certificate included in Safety Plan)?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98) Does mobile equipment have rollover cages and backup alarms, with moving parts adequately guarded?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99) Are equipment operators maintaining safe clearance from electrical power lines?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100) Do modifications meet safety rating per manufacturer (i.e., lifting personnel with forklift)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	101) Are safety lashings provided for high pressure hose connections, i.e., air compressors?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	102) Are workers clear of blind spots associated with mobile construction equipment?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	103) Do aerial lifts have basket/platform with guardrail?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	104) Are workers not extending over guardrail of aerial lifts?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	105) Are articulating boom platforms (JLG type) used with Full Body Harness attached to boom or basket?	



## CONTRACTOR SITE SAFETY ASSESSMENT

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	106) Other? Extra Credit?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	107) Other? Extra Credit?	
<b>DEMOLITION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108) Has demolition plan been submitted and accepted?	
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	109) If waste is being dropped > 6' is it in an enclosed chute and is area secured from traffic?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	113) For building demolition, has notification been made to State having jurisdiction?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	114) Are nails removed from scrap lumber/materials?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	115) Other? Extra Credit? Cones utilized around excavators to warn personnel of swing radius hazard	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	116) Other? Extra Credit?	
<b>PPE</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117) Workers wearing leather shoes (not tennis), long pants, sleeved shirts, and steel toes where required?	
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	118) Are hard hats being worn?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	119) Are safety glasses where appropriate?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	120) Hearing protection where appropriate? (if you need to yell to converse)	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	121) Respirators where appropriate?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	122) Impalement protection provided where personnel could work above vertical impalement?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	123) Is lighting adequate?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	124) Other? Extra Credit?	
<b>ABATEMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	125) Has abatement plan been submitted and accepted?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	126) Is independent air monitoring being performed as required inside and outside barriers?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	127) Is containment in place without integrity compromise?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	128) Are employees utilizing appropriate PPE?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	129) If negative air is used, are fans used continuously and monitored for pressure differential?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	130) Has baseline been performed and necessary final clearance readings taken?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	131) Are inspections by independent PQP performed prior to barrier removal?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	132) Is waste material properly containerized and stored?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	133) Are air monitoring results provided to ROICC?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	134) Are waste shipment records provided to ROICC?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	135) Other? Extra Credit?	
<b>WATERFRONT ACTIVITIES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	136) Are employees wearing appropriate flotation devices (PFDs)?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	137) Is a rescue skiff available?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	138) Are emergency life rings available?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	139) If diving operations are taking place, has a dive plan been submitted and accepted?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	140) Does dive team consist of proper number and qualifications for employees?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	141) Other? Extra Credit?	

**SCORING:** Total applicable for each category = X (where X includes responses for category of "Yes" and "No" but does not include N/A)

Total with "Yes" responses for each category = Y

**SCORE FOR EACH CATEGORY**

SCORE RATE EQUATION = Y / X

1 PREPARATORY PHASE: 100%	6 LADDER SAFETY: 100%	11 ROOFING: N/A
2 OFFICE TRAILER GENERAL: 100%	7 EXCAVATIONS: N/A	12 EQUIPMENT: N/A
3 FIRE PREVENTION: 100%	8 ELECTRICAL: 100%	13 DEMOLITION: 100%
4 SCAFFOLD SAFETY: N/A	9 CRANES: N/A	14 PPE: 100%
5 FALL PROTECTION: N/A	10 CONFINED SPACES: N/A	15 ABATEMENT: N/A
		16 WATERFRONT ACTIVITIES: N/A

OVERALL RATING = AVERAGE RATING FOR ALL CATEGORIES: 100%

## MONTHLY DISPOSAL REPORT

CONTRACT NO: N40192-15-D-9010-0003	TITLE AND LOCATION: Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam	DATE: Tuesday, March 28, 2017
CONTRACTOR: Wolk Creek Federal Services Inc		QCM: Gennady Belyshev
Location where debris is being disposed of At end of ACM removal, ACM will be disposed of (off island) RABANCO Regional Landfill 500 Roosevelt Grade Road Roosevelt, WA 99356. Global recycling. Smithbridge Yigo, Guam hardfill		If debris is being reused, where:  N/A
Type of material being disposed of and quantity:		
		Quantity:
concrete/drywall/glass/flooring to Smithbridge hardfill		
rebar and other metals to Global recycling		73,470 kg
report includes activity from 2/24/17 to 3/27/17		6,680 cubic yards

**Gennady Belyshev**

Digitally signed by Gennady  
Belyshev  
Date: 2017.03.28 14:10:24 +10'00'

QCM:

GENNADY BELYSHEV



Guam Construction/Demolition Office

**Monthly Contractor Exposure Report**

Project Title: Demolish 112 Units

Contract Number: N40192-15-D-9010-0003

Location: Capehart Housing (Phase II) Andersen Air Force Base, Guam

Total Man-hour for period of: October 11 to October 31: 2,451

Total Man-hour for period of: November 1 to November 27: 2,051

Total Man-hour for period of: November 28 to December 27: 1,431

Total Man-hour for period of: December 28 to January 27, 2017: 3,654

Total Man-hour for period of: January 28 to February 23, 2017: 4,629

Total Man-hour for period of: February 24 to March 27, 2017: 3,576

Total as of March 27, 2017 = 17,792

Gennady  
Belyshev

Digitally signed by Gennady  
Belyshev  
Date: 2017.03.28 12:41:12  
+10'00'

Submitted by: Gennady Belyshev 3/28/2017  
QC/Superintendent Date



## Transmittal/Review/Approval

FILE NAME

DATE

Estimate for Voucher-Invoice #08

May 1, 2017

CONTRACT NO. N40192-15-D-9010-0003		TITLE Fill in Project Title/Location Here Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base, Guam	
FROM (CONTRACTOR) WOLF CREEK FEDERAL SERVICES INC.		TO Antonio Duenas/Kenneth Cruz PAR	SUBMITTAL NO. 02.08
		FOR SPEC. SECTION 2.15.1.2	

				Add	Del
ENCL. NO.	NO. OF COPIES	DESCRIPTION	SPEC. SEC.PARA./DWG.NO.	SCHEDULE ACTIVITY NO.	CQC CODE
1	1	Estimate for Voucher-Invoice #08	2.15.1.2		

DATE NEEDED BY: May 8, 2017

 TRANSMITTED FOR: ☒ APPROVAL ☐ CLARIFICATION ☐ SELECTION ☐ RECORD ☐ VARIANCE

It is hereby certified that the material submitted herein conforms to contract requirements and can be installed in the allocated spaces.

CONTRACTOR'S REPRESENTATIVE NAME/TITLE

Gennady Belyshev QCM

SIGNATURE: Gennady Belyshev

 Digitally signed by Gennady Belyshev  
 Date: 2017.05.01 11:56:22 +10'00'

Received By (Print Name &amp; Sign) /Date/Time:

FROM:	SIGNATURE:	DATE:
TO:	For review/comment ( ) copies of enclosures forwarded. RETURN WITHIN ( ) WORKING DAYS, unless submittal is for record/info purposes only and there are no adverse comments.	

Received By (Print Name &amp; Sign) /Date/Time:

FROM:	CRUZ.KENNETH Kenneth Cruz	TO:	Gennady Belyshev	DATE:	5/1/2017
-------	------------------------------	-----	------------------	-------	----------

RECOMMEND:

☐ APPROVAL/ACCEPTANCE, subject to contract requirements  
☐ APPROVAL/ACCEPTANCE, as noted, subject to contract requirements  
☐ RETURN for correction and resubmission

☐ DISAPPROVAL  
☒ REVIEWED AND PROCEED  
☐ \_\_\_\_\_

REMARKS:

☐ copies of encls retained

SIGNATURE: \_\_\_\_\_

Received By (Print Name & Sign) /Date/Time: \_\_\_\_\_

FROM:	TO (CONTRACTOR) / ATTENTION:	DATE:
-------	------------------------------	-------

Enclosure(s) is (are):

☐ APPROVED/ACCEPTED, subject to contract requirements  
☐ APPROVED/ACCEPTED, as noted, subject to contract requirements  
☐ RETURNED for correction and resubmission

☐ DISAPPROVED  
☐ NOT REVIEWED  
☐ RECEIVED FOR RECORD

REMARKS:

File Name:

☐ copies of encls returned

 Copy to: Contract File (w/encls)  
 ConRep/ET (w/encls)  
 CME (w/encls)

SIGNATURE

BY DIRECTION OF THE CONTRACTING OFFICER

Received By (Print Name &amp; Sign) /Date/Time:



**DEMOLITION SERVICES OF FACILITIES AND  
MISCELLANEOUS STRUCTURES IN VARIOUS MILITARY  
INSTALLATIONS ON GUAM  
WON 1362220, AJJY-14-4002 DEMOLISH 112 UNITS AT  
CAPEHART HOUSING (PHASE II)  
ANDERSEN AIR FORCE BASE, GUAM**

**N40192-15-D-9010-0003**

**CONTRACTOR: WOLF CREEK FEDERAL SERVICES, INC.**

**SUBMITTAL NO. 2.8  
Estimate for Voucher  
Invoice #08**

I hereby certify that ☐ equipment ☐ material ☒ article shown and marked in this submittal is that proposed to be incorporated with Contract Number N40192-15-D-9010-0003 is in compliance with the contract drawings and specification and can be installed in the allocated space indicated on the drawings.

Reviewed and certified by DOR: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE DELETED, OMB M-08-15, "Safeguarding

Certified QC Manager: \_\_\_\_\_ Date: 5/01/17

## NAVAL FACILITIES ENGINEERING COMMAND

**1. CONTRACTOR'S INVOICE**

From: Wolf Creek Federal Services, Inc.  
3800 Centerpoint Drive, Suite 1200  
Anchorage, AK 99503-5826

Invoice Date: 05/23/2017  
 Invoice Number: 5300052050

POC/Telephone/email for this invoice: John Pisula / (671) 483-5063 / <john.pisula@chugachgov.com>

To: Contract Specialist: Lee Michael D. Rosario / <lee-michael.rosario@fe.navy.mil>

**Below is a Statement of Performance under Contract # N40192-15-D-9010 Task Order # 0003**  
**for** Demolish 112 Family Housing Units, AJJY-14-4002, Capehart Housing (Phase II), Andersen Air Force Base, Guam, M.I.

The enclosure provides breakdown of this statement of performance.

A. Total value of contract/task order through change	<u>MOD-02</u>	\$	<u>4,446,154.69</u>
B. Percentage of performance complete	<u>86.89 %</u>		
C. Value of completed performance		\$	<u>3,863,045.35</u>
D. Less total of prior payments		\$	<u>(3,635,967.81)</u>
E. Amount of this invoice		\$	<u>227,077.54</u>

Signature and Title:  
 Date:

John Pisula, Project Manager John S. Pisula  
 Signature of Authorized Representative

Digitally signed by John S. Pisula  
 DN: cn=John S. Pisula, o=Wolf Creek Federal Services, Inc., email=js.pisula@chugachgov.com, c=US  
 Date: 2017.05.23 13:54:41 -0700

**2. FIRST ENDORSEMENT****Receipt and Acceptance Certification**

From: \_\_\_\_\_  
 To: \_\_\_\_\_

1. Payment is recommended as follows:

A. Amount of work completed to (date)		\$	_____
B. Less:			
Retention	\$	\$	_____
Other Deductions:	\$	\$	_____
C. Subtotal		\$	_____
D. Less previous payments	_____ on TO #	\$	_____
E. Certified amount for payment #	_____		
F. Elapsed cc (if applicable)	_____		
G. Responsible Certifying UIC	_____		
H. Invoice Receipt Date	_____		
I. Material/Services Receipt Date	_____		
J. Material/Services Acceptance Date	_____		
K. Date forwarded to paying office.	_____		
L. I certify this amount is correct and payment is recommended.			

Signature: \_\_\_\_\_  
 Signature of Authorized Representative

Date: \_\_\_\_\_

Name and Title (typed): \_\_\_\_\_  
 Phone and address: \_\_\_\_\_

**3. PROMPT PAYMENT CERTIFICATION**

I certify that the accounting data provided is accurate, funds have been obligated in appropriate accounting system and changes have been applied to the appropriate accounting classification reference number (ACRN), available funds have been decremented for the amount approved for disbursement and will not be de-obligated and the above invoice is correct and proper for payment.

Signature: \_\_\_\_\_  
 Signature of Authorized Representative

Date: \_\_\_\_\_

Name and Title (typed): \_\_\_\_\_  
 Phone and address: \_\_\_\_\_

Line(s) of accounting to be used for this invoice (include appropriate Line Item # (CLIN, SLIN, or ACRN, etc)

\_\_\_\_\_  
 \_\_\_\_\_

Wolf Creek Federal Services, Inc.

Contract No.: N40192-15-D-9010

Back-up Computations for Invoice-08 - Period 04/01/2017 to 04/30/2017 Task Order #0003

<u>Clin No.</u>	<u>Description</u>	<u>6/30/2016</u>	<u>CLIN Value</u>	<u>Earned Value</u>
A00101	Concrete			\$ 2,553,075.50
A00201	Up to 6-inch Thick			\$ 200,650.11
A008	Removal and Disposal of Vinyl Asbestos Tiles (VAT) Including Mastic			\$ 943,300.19
A012	Perform Testing of Suspected Asbestos Materials			\$ 54,010.88
A013	Perform Testing of Suspected Lead Materials			\$ 52,975.16
A015	Spread and Compact 4 inch topsoil			\$ 16,302.88
A017	Seeding			\$ 6,882.63
A028	Provide Registered Professional Engineering Services			\$ 35,848.00
A029	Provide Archeological Monitoring during all ground disturbing activities			\$ -
	<b>Total</b>	0.00%	\$ 4,446,154.69	

**Gennady Belyshev** Digitally signed by Gennady Belyshev  
Date: 2017.05.01 11:55:50 +10'00'

Gennady Belyshev, Site QC Manager  
WOLF CREEK FEDERAL SERVICES, INC.

**John S. Pisula** Digitally signed by John S. Pisula  
DN: cn=John S. Pisula, o=Wolf Creek Federal Services, Inc., ou=Div 5,  
email=john.pisula@chugach.com, c=US  
Date: 2017.05.01 12:14:22 +10'00'

John Pisula, Project Manager  
WOLF CREEK FEDERAL SERVICES, INC.

**Kenneth Cruz** 1232224289 CRUZ.KENNETH.R.  
Digitally signed by CRUZ.KENNETH.R. 1232224289  
DN: cn=Kenneth R. Cruz, o=Wolf Creek Federal Services, Inc., ou=Div 5,  
email=kenneth.cruz@chugach.com, c=US  
Date: 2017.05.01 15:09:32 +10'00'

Kenneth Cruz  
PAR

Total Earned \$ 3,863,045.35  
% accomplished 86.89%

Date

Date

5/1/2017  
Date

TO#0003 - DEMOLISH 112 FAMILY HOUSING UNITS, AJJY-14-4002, CAPEHART HOUSING (PHASE II), ANDERSEN AIR FORCE BASE, GUAM  
PROGRESS BILLING COVERING THE PERIOD APRIL 1, 2017 - APRIL 30, 2017

[illegible]

## Unit Progress Work Sheet For Period 04/01/2017 to 04/30/2017

## Percent Accomplished for CLIN No. A00101

qty	unit	qty removed	remove 50%	dispose 40%	backfill/soil 10%	total % accomplished
2,503,015.20	CF	2,127,562.92	1,063,781.46	851,025.17	212,756.29	85.00%

## Percent Accomplished for CLIN No. A00201

qty	unit	qty removed	remove 50%	dispose 40%	backfill/soil 10%	total % accomplished
43,523.08	CY	38,735.54	19,367.77	15,494.22	3,873.55	89.00%

## Percent Accomplished for CLIN No. A008

qty	unit	qty performed	total % accomplished
329,686.91	SF	303,312.00	92.00%

## Percent Accomplished for CLIN No. A012

qty	unit	qty performed	total % accomplished
548.00	EA	548.00	100.00%

## Percent Accomplished for CLIN No. A013

qty	unit	qty performed	total % accomplished
548.00	EA	548.00	100.00%

## Percent Accomplished for CLIN No. A015

qty	unit	qty performed	total % accomplished
804.27	CY	386.05	48.00%

## Percent Accomplished for CLIN No. A017

qty	unit	qty performed	total % accomplished
46,757.00	SY	21,508.22	46.00%

## Percent Accomplished for CLIN No. A028

qty	unit	qty performed	total % accomplished
0.00	Hrs	-	100.00%

## Percent Accomplished for CLIN No. A029

qty	unit	qty removed	total % accomplished
0.00	Hrs	-	0.00%





## CONTRACTOR SITE SAFETY ASSESSMENT

ROICC OFFICE: NAVFAC Marianas FEAD DATE: 28-Apr-17

CONTRACTOR: Wolf Creek Federal Services Inc.

CONTRACT TITLE: Demolish 112 Units at Capehart Housing (Phase IIA) Andersen Air Force Base, Guam

CONTRACTOR SSO: E. Kurt Wustig

SIGNATURE DELETED. CMB M-08-15. "Safety"

CATEGORY:

	(Yes)	(No)	(N/A)	
<b>PREPARATORY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Activity Hazard Analysis performed and used on the site for each definable feature of work?
<b>PHASE (Planning)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) Are weekly safety meetings and indoctrination held on site and documented for all workers?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) Is the submitted safety plan on site and in use?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) Is the Activity Hazard Analysis reviewed during the preparatory inspection?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5) Hazardous materials program in place with MSDS sheets on site and maintained?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) EM 385-1-1 available on the site?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7) Other? Extra Credit?
<b>OFFICE TRAILER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8) Are office and storage trailers anchored?
<b>GENERAL</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9) Are emergency phone numbers posted?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10) Is a phone available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11) First aid log maintained (contractors must use OSHA Form 300)?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Toilet facilities available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13) Site posted "HARD HAT AREA," "NOISE HAZARD," "CONSTRUCTION AREA," etc., as required?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Garbage cans and dumpsters available?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Jobsite cleaned daily?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16) Is traffic control around site adequate?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17) Other? Extra Credit?
<b>FIRE PREVENTION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Are fire extinguishers available, fully charged, and easily visible within 75 feet for low hazard areas?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Is fuel stored in proper containers?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Are hot work permits being obtained?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Are fire watches provided?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Are gas cylinders stored upright and secured with chain or rope?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Is Housekeeping acceptable?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24) Other? Extra Credit?
<b>SCAFFOLD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25) Are daily scaffold inspections performed by designated competent person?
<b>SAFETY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26) Planks overlapped not less than 6" or more than 12" over end supports with toe boards in place?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27) Tubing pinned properly and all cross bracing in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28) If scaffold height is 4X smallest base dimension, is system secured to structure?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29) All guardrails are in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30) Full work platform at each working level with no cracks/splits?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31) Safe access provided to each working level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32) Scaffold and components not overloaded?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33) Is scaffold system plumb and level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34) Suspended scaffold systems using independent personal fall arrest system?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	35) Other? Extra Credit?
<b>FALL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	36) Is a full body harness used where required?
<b>PROTECTION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	37) Tied off at all times to structural element capable of supporting 5,000 lbs/person?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	38) Is protection provided for all personnel working in areas where they could fall 6' or more?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	39) Are employees trained for fall protection systems in use?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	40) Does the contractor have a certified competent person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	41) Have standard guardrails been provided where required?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	42) Have horizontal life lines been designed and installed under supervision of a qualified person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	43) Other? Extra Credit?

CATEGORY:

	(Yes)	(No)	(N/A)	
<b>LADDER SAFETY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44) Do ladders extend 3' above landing platform and tied to structure?
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45) Are ladders used with hand tools only?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46) Are ladder base distances from structure 1/4 height?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47) Are floor openings either covered or surrounded by a guardrail?
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	48) Electricians not using portable "conductive" ladders?



## CONTRACTOR SITE SAFETY ASSESSMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	49) Stairways provided on all structures over 20' during construction and supplied with guardrail?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50) Portable step ladders over 20' not used on the site?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	51) Are ladders properly used?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	52) Other? Extra Credit?	
<b>EXCAVATIONS</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	53) Does excavation over 4' deep have a ladder within 25' and two means of egress?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	54) Has proper slope or trench box/shoring been provided?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	55) Is water controlled/removed?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	56) Is excavated material at least 2' back from trench edge?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	57) Is excavation barricaded, etc., to prevent workers and public from falling into trench/hole?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	58) In locations of known or suspected contamination, is excavation atmosphere monitored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	59) Does contractor have certified competent person on site?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60) Other? Extra Credit?	
<b>ELECTRICAL</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	61) Are temporary power panels and receptacles protected from weather?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	62) Are GFCI's in use for site tools ?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	63) Are temporary lights rigged and secured to supports properly, and with covers?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	64) If overhead power lines are in area, are operations maintaining required distance or isolation?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	65) Is lockout/tagout program in effect?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	66) Has a sketch of proposed temporary power distribution been submitted/accepted before installing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	67) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	68) Other? Extra Credit?	
<b>CRANES</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	69) Has periodic inspection been performed prior to use on site IAW EM 385-1-1, App. H?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	70) Are App. H daily start up inspections performed by operator and submitted with DRI?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	71) Is crane operator qualified IAW EM 385-1-1, App. G, and is crane certification posted in cab?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	72) Are workers protected from the crane swing radius and prevented from passing under the load?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	73) Are rigging cables and slings in good repair free of kinks and cracks?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	74) Is the crane level and on firm ground and outriggers in use with appropriate cribbing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75) Is crane side loading prohibited?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	76) Near electric power sources, are rules followed for clearance/isolation in operating zone?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	77) Is crane equipped with anti two-block device if required?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	78) Other? Extra Credit?	
<b>CONFINED SPACES</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	79) Has entry plan been submitted and accepted?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80) Is atmosphere being monitored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	81) Is space being ventilated?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	82) Are entrants, attendants and entry supervisor properly trained?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	83) Is rescue/retrieval system in place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84) Are daily entry permits posted at point of entry and signed by entry supervisor?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85) Is point of entry posted "DANGER CONFINED SPACE"?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	86) Has blanking or locking out of systems taken place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	87) Other? Extra Credit?	
<b>ROOFING</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	88) Are kettles at least 25 feet away from buildings?	
Comments/Notes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	89) Has an employee fall protection system been implemented and in proper use?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	90) Are skylights and roof penetrations covered or barricaded appropriately?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	91) Has the roof been evaluated for its ability to support the intended construction loads?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	92) Has the roof been surveyed for deterioration?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93) Are two fire extinguishers at the kettle?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	94) Fuel cylinder a minimum of 10' from open flame?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96) Other? Extra Credit?	

### CATEGORY:

<b>EQUIPMENT</b>				
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	97) Are forklift operators qualified through training at the site (certificate included in Safety Plan)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98) Does mobile equipment have rollover cages and backup alarms, with moving parts adequately guarded?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	99) Are equipment operations maintaining safe clearance from electrical power lines?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100) Do modifications meet safety rating per manufacturer (i.e., lifting personnel with forklift)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	101) Are safety lashings provided for high pressure hose connections, i.e., air compressors?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102) Are workers clear of blind spots associated with mobile construction equipment?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	103) Do aerial lifts have basket/platform with guardrail?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	104) Are workers not extending over guardrail of aerial lifts?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	105) Are articulating boom platforms (JLG type) used with Full Body Harness attached to boom or basket?	



## CONTRACTOR SITE SAFETY ASSESSMENT

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	106) Other? Extra Credit?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	107) Other? Extra Credit?	
<b>DEMOLITION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108) Has demolition plan been submitted and accepted?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	109) If waste is being dropped > 6' is it in an enclosed chute and is area secured from traffic?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113) For building demolition, has notification been made to State having jurisdiction?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	114) Are nails removed from scrap lumber/materials?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	115) Other? Extra Credit?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	116) Other? Extra Credit?	
<b>PPE</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117) Workers wearing leather shoes (not tennis), long pants, sleeved shirts, and steel toes where required?	
Comments/Notes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118) Are hard hats being worn?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119) Are safety glasses where appropriate?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120) Hearing protection where appropriate? (if you need to yell to converse)	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121) Respirators where appropriate?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122) Impalement protection provided where personnel could work above vertical impalement?	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123) Is lighting adequate?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	124) Other? Extra Credit?	
<b>ABATEMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	125) Has abatement plan been submitted and accepted?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	126) Is independent air monitoring being performed as required inside and outside barriers?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	127) Is containment in place without integrity compromise?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	128) Are employees utilizing appropriate PPE?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	129) If negative air is used, are fans used continuously and monitored for pressure differential?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	130) Has baseline been performed and necessary final clearance readings taken?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	131) Are inspections by independent PQP performed prior to barrier removal?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	132) Is waste material properly containerized and stored?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	133) Are air monitoring results provided to ROICC?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	134) Are waste shipment records provided to ROICC?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	135) Other? Extra Credit?	
<b>WATERFRONT ACTIVITIES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	136) Are employees wearing appropriate flotation devices (PFDs)?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	137) Is a rescue skiff available?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	138) Are emergency life rings available?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	139) If diving operations are taking place, has a dive plan been submitted and accepted?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	140) Does dive team consist of proper number and qualifications for employees?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	141) Other? Extra Credit?	

**SCORING:** Total applicable for each category = X (where X includes responses for category of "Yes" and "No" but does not include N/A)

Total with "Yes" responses for each category = Y

**SCORE FOR EACH CATEGORY:**

**SCORE RATE EQUATION = Y / X**

1 PREPARATORY PHASE: 100%	6 LADDER SAFETY: 100%	11 ROOFING: N/A
2 OFFICE TRAILER GENERAL: 100%	7 EXCAVATIONS: N/A	12 EQUIPMENT: N/A
3 FIRE PREVENTION: 100%	8 ELECTRICAL: N/A	13 DEMOLITION: 100%
4 SCAFFOLD SAFETY: N/A	9 CRANES: N/A	14 PPE: 100%
5 FALL PROTECTION: N/A	10 CONFINED SPACES: N/A	15 ABATEMENT: N/A
		16 WATERFRONT ACTIVITIES: N/A

OVERALL RATING = AVERAGE RATING FOR ALL CATEGORIES: 100%



Guam Construction/Demolition Office

### Monthly Contractor Exposure Report

Project Title: Demolish 112 Units

Contract Number: N40192-15-D-9010-0003

Location: Capehart Housing (Phase II) Andersen Air Force Base, Guam

Total Man-hour for period of: October 11 to October 31: 2,451

Total Man-hour for period of: November 1 to November 27: 2,051

Total Man-hour for period of: November 28 to December 27: 1,431

Total Man-hour for period of: December 28 to January 27, 2017: 3,654

Total Man-hour for period of: January 28 to February 23, 2017: 4,629

Total Man-hour for period of: February 24 to March 27, 2017: 3,576

Total Man-hour for period of: March 28 to April 27, 2017: 4,500

Total as of April 27, 2017 = 22,292

Gennady  
Belyshev

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Belyshev  
Date: 2017.04.28 13:06:39  
+10'00'

Submitted by: Gennady Belyshev

4/28/2017

QC/Supintendent

Date

## MONTHLY DISPOSAL REPORT

CONTRACT NO: N40192-15-D-9010-0003	TITLE AND LOCATION: Demolish 112 Units at Capehart Housing (Phase II) Andersen Air Force Base Guam	DATE: Friday, April 28, 2017
CONTRACTOR: Wolk Creek Federal Services Inc		QCM: Gennady Belyshev
Location where debris is being disposed of		If debris is being reused, where:
At end of ACM removal, ACM will be disposed of (off island) RABANCO Regional Landfill 500 Roosevelt Grade Road Roosevelt, WA 99356. Global recycling. Smithbridge Yigo, Guam hardfill		N/A
Type of material being disposed of and quantity:		
		Quantity:
concrete/drywall/glass/flooring to Smithbridge hardfill		
rebar and other metals to Global recycling		73,470 kg
report includes activity from 3/28/17 to 4/26/17		6,642 cubic yards

QCM:

Gennady  
Belyshev  
GENNADY BELYSHEV

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Date: 2017.04.28 13:07:21  
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